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Wm W. Gerhard —
Philadelphia —

Commenced writing —
April 16. 1827 —

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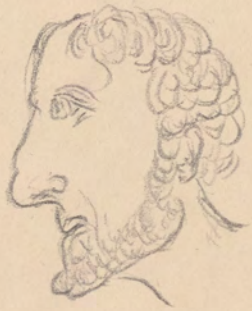

Notes

of

Peter Parrot,

Patient

in the

Practice of Medicine,

taken by

William H. Pearson

1837

Notes

OF

Doctor Parrish,s

Lectures On the Practice of Medicine.

Taken by

William W Gerhard

1827

Lecture 1st.

Causes of Fever, Autumnal Fever. —

Marsh exhalations are the usual causes of fevers. From this circumstance important cautions may often be derived. Thus the vast body of marshy land on the western border of the Schuylkill gives rise to a vast body of miasma which passes up the valley of the Schuylkill, passes down towards to the Delaware, along Hunter's Lane & the adjacent parts; hence these situations are much exposed to disease.

A striking instance of the production of disease from marsh exhalations, came under my notice. — Fancy Hill was a seat in New Jersey, about 7 miles below Philadelphia, owned by Col Joshua Howell; on three sides it was surrounded by wood, but on that side which was nearest to the Delaware, a space of 60 acres had been cleared, thus opening a way for the miasmata which arose from a large body of marsh land upon the borders of the Delaware. The house was destitute of trees in its immediate vicinity, the heat of the sun produced a constant current of air, in the direction of the house, carrying with it, the exhalations from the marshes of Eagle cove, & the whole borders of the Delaware & mouth of the Schuylkill &

In the year 1812, a malignant fever arose in the family by which, a son, a daughter & servant of Col Howell were carried off; & many others were dangerously ill; all who had had connexion with were affected in some degree by the disease.

+. Often much pain in head & back, restlessness &c

We must now consider the consequences of Miasmata; these are Autumnal Fevers. Marshes & low lands are the most fruitful sources of these diseases, yet accasionally they arise in situations which are high & accounted healthy. In the years 1820 - 1 - 2 - the most elevated situations were the most sickly, thus Germantown which has been called the Montpellier of America was more sickly than the low ground between the Delaware & Schuylkill which is called the Neck. Theory must here yield to fact — the disease prevailed over the whole country yet the highest places suffered most severely.

We may now ask what is Autumnal fever? it varies in different subjects though arising from the same cause, in the Howell family it was found from the most malignant form to the simple intermittent. There are however two general forms Intermittent & Remittent fever. In Remittent fever there is no cessation but only an abatement of the febrile action, in intermittents there is a complete cessation of the fever until another paroxysm comes on.

Remittent Fever — The preceding symptoms of a Remittent are a general listlessness, sensation of cold & chilly, pain in the head & limbs, sick stomach sometimes vomiting, the chill is an usual but not a constant symptom. After the system reacts there is a heat, & dry skin, throbbing of the arteries & restlessness. In evening the fever is at its height, during the night there is a relaxation, & in the morning a remission, the skin

+ Senna, Manna & Salts answer very well in many cases, purge till stool ~~bowe~~ lose fetid smell.

is cool and moist, yet from the appearance of the tongue it is known that fever still exists.

Intermittents are usually less to be dreaded than Remittents, for during the intermission we can employ our remedies.

There is a kind of mongrel disease more to be dreaded than either Remittents or Intermittents; a chill comes on every day, there is then an exacerbation & imperfect intermission.

Sel. April 10th 1829.

Lecture. II.

Treatment of Remittents.

Remittents in their ordinary form are very manageable. Our first attention when called to a case of this kind is to evacuate the prima viæ by the exhibition of an emetic: the best is Ipecacuanha with antimonial wine, ℥j of Ipecacuanha may be divided into 2 doses, one of which is to be taken with two teaspoonfuls of antimonial wine, if not successful, the remainder must be taken in the same manner. After the stomach is evacuated, cathartics should be employed, one of the best is Calomel & Jalap, gr x to xij of the former, to grs xv of Jalap. Lee's anti-bilious pills consisting of Calomel Jalap, Scammony, Gamboge & are also very good. Mercury should be followed magnesia & salts; as Carb: Magnes: ℥j, Sulph: Magnes: ℥j. — In young & vigorous subjects, where there is great restlessness & active pulse, venesection may precede cathartics, but it is very injurious to bleed in every paroxysm, it diminishes the vital energies of

+ (to the stomach —

+ Tepid ablutions sometimes succeed better than cold, where there is much prostration.

the patient, without cutting short the fever × Local depletion as by cups & leeches to the head is very serviceable Cold ablution allays restlessness & reduces fever, for this purpose cold water, spirit & water or vinegar & water may be applied to the surface of the body by sponges.

× Cold ablution in the cold or sweating stage is improper, but in the hot stage when the heat of the body is more than natural, it is most useful. When there is pain in the head, the hair should be cut short & the head exposed to a current of cool air; if necessary the beard should be shaved, Ice applied to the head is extremely beneficial to the patient, & much safer than repeated bleeding Attention should also be paid to minor circumstances in the treatment; the apartment should be cool, cold water may also be given when not contraindicated by the chill or other symptoms. To produce a determination to the skin, one of the best draughts is the Citrate of Potash, we may direct

℞ Sal: Tartari ℥ij
~~Lunæ~~ : ~~Lunæ~~
Aquæ ℥iv

A table spoonful may be taken for a dose, adding an equal quantity of fresh Lemon juice. The Spiritus Nitri dulcis may be sometimes added with Antimonial wine.

Blistering sometimes produces the happiest effects; it approaches more nearly than anything else to cutting short the fever. In cases of great restlessness without any topical affection a pair of large blisters to the arms & legs, frequently are extremely beneficial; they seem to afford a point of concentration for these uneasy

X

Blisters in some cases act as excellent diaphoretics.

feelings, and greatly relieve the patient.

Tonics & stimulants are sometimes demanded. On the 5th or 7th day if the fever be low & protracted, the tongue is frequently loaded with a thick fur, connected with a similar secretion on the fauces & tonsils. If it cleans suddenly, not by gradual diminution on the tip & sides, & the tongue be smooth & red a protracted disease may be anticipated, but they generally recover though the convalescence is protracted, should the tongue remain dry & chapped it is a most unfavourable symptom, not unfrequently terminating in death; a striking example of this fact was once afforded me by a student in the Alms-house. If the cleaning commence at the tip & advances slowly, a speedy termination may be expected. When the separation of the fur is first perceptible, the voice of the patient usually becomes coarser.

All depressing passions should be carefully avoided. I once had a case in which a young man heard of a disappointment in love, which had occurred to him; ~~the~~ he suddenly became extremly ill, & was in great danger.

We not unfrequently find a tympanitic abdomen, the bowels from the influence of the disease lose a part of their vitality, when the tone of the canal is broken, the peristaltic motion ceases, they yield to the gases which are produced in their cavity & sometimes become wonderfully distended. In such cases our object is to restore the peristaltic action of the bowels. Spirit of Turpentine in small doses of gtt XV, repeated every half-

how, may be used with great advantage. The tincture of Rhubarb with Cardamoms is the best to excite the peristaltic action of the bowels, promote digestion & remove typha-nitis. Attention must be paid to the the proper time of employing stimulants, when there is low muttering delirium we should stimulate; but when there is delirium with the senses acute, & great loquacity, the brain is unduly excited, we should not then enter too suddenly on wine; blistering the head will generally relieve it, but depletion is sometimes necessary.

Mercury has been used in Remittents; in some cases it is useful in correcting a disordered state of the hepatic secretion; but salivation will not arrest a Remittent. Minute doses of Mercury, as gr 1/2 or 1/4 of Calomel have been much recommended by Dr Flackshome.

In fever you should know, a state of the mouth sometimes occurs, which resembles salivation; Dr Rush once met with it in a case of Pneumonia; in such cases antiphlogistic measures are necessary, blood-letting is generally demanded. As stimulants wine-whey and volatile alkali will be found much than the alcoholic stimuli, excepting the cases of drunkards who have been long accustomed to stronger potations.

C. 19. Thursday. — Del. April 13th. 1827.

Lecture III.

Immersed Lens of Lowitz.

In this new form of the lens series of Lowitz's microscope we the usual series.

Immersed Triplet Lens. Invented in 17[illegible] I made mention of a form that was employed in the very laborious of his lenses. It is scarcely ever met with in his series the day that was called in. Here I have been in possession of part of a lens in his hand & observed accordingly, his lens was instituted but did not admit the lenses (in not true). In attempting was found that the correction of the aberration of his lens in chromatic was reduced. In the second day something like chromatic difference, since the lens of the eye is very little, difference were discovered to be of little for the eye. The chromatic was also insensible. The result in this state with the eye (illegible), when magnifying were represented with a little better & well adjusted. In the 18th the lens were constructed. A consultation was required with Mr Abel Fullwith, on the 13th it was constructed. Mr Abel Fullwith was his assistant.

Lecture III.

Unusual Cases of Remittents.

We shall now give you some cases of Remittents deviating from the usual course.

Samuel Middleton lived in 12st near the Friends meeting, a pond had overflowed in the neighbourhood of his house. He felt unwell, and was bled by his own direction the day that I was called in. When I saw him he complained of great giddiness, pains in his limbs, & general uneasiness, his pulse was irritated but did not admit the lancet (ie not tense). My attention was first directed to free evacuations, a free circulation of air in his chamber was ordered. On the second day something like cholera appeared, and the pulse failed very perceptibly. Sinapisms were directed to be applied to his feet. The chalk julep was also prescribed. He remained in this state until the next day (22nd), when sinapisms were again ordered, with chicken water, & cold ablutions. On the 23d his pulse was feeble, his stomach irritable, the sinapisms &c were continued. A consultation was requested with Dr Saml Griffith, on the 23rd & 24th he emitted black blood from his mouth & lungs. The volatile decoction of Cantharides was used to excite vesication on his breast & neck, & to keep up an excitement over the whole surface; 4gr of volatile alkali were given every hour, & madeira & essence of beef were also directed. He gradually recovered.

Intermittents were formerly common in 12th street.

S. George Fisher ~~was~~ lived in twelfth street, opposite to the friends meeting, in the neighbourhood there was a quantity of dead vegetable matter, with some unchained ponds. George was a most delicate child, very subject to diarrhoea; at the first attack of a remittent I was not much alarmed. Simple treatment was resorted to, as his bowels were tender, gentle evacuations were employed together with the spiritus Mindereri & antimonial wine. Sinapisms were applied to his feet: His pulse however became low and the case more serious, blistering was ordered but it did not arrest the disease. The blistered surfaces assumed a dark bloody aspect & the patient sunk into a state of delirium & stupor, his pulse was low, & his speedy dissolution indicated. Stimulants had now become necessary port wine was given with a view to the state of his bowels. Dr Physick was called in consultation, by his his request the volatile alkali was ~~given~~ added, & directions were given that the patient should not sleep long at a time, the bark was also given. The patient recovered. The next season he was again attacked, an emetic was exhibited, with a pediluvium, & the bark was given in wine; blisters were also applied, he was again rescued. On the next year he was a third time attacked, the fever reduced him to the lowest state, stimulants could not be delayed until he should sink. I therefore directed a warm infusion of bark in Madeira wine regardless of fever; after opening his bowels with small doses

1 ℞. Sulph: Alum et Potass. ℥j
Spirit: vini: Gallic: ℥j
fiat solutio. —

2 ℞
P. Gum: Minor: Nil:
" Sacch: Alb: ana ℥ij
Ol: Terebinth: gt CXX. 120
Aquæ Cinnam: ℥iv
~~ft~~ ft. Signa. A table spoonful to be taken every half hour, one or two hours, as necessary.

of Rhubarb; Serpentaria & salt of Tartar was added to the infusion of bark in wine.

Remittents of a mild form, or even of an inflammatory sometimes take on a malignant nature; on the 7 or 9th day the disease changes; the system appears to languish; the tongue cleans by peeling off suddenly in large flakes, leaving the surface smooth; in such cases recovery will be slow.

In 1814, Clarice Sheppard was at first taken with a remittent of a mild form, afterwards most profuse sweats came on, these are always unfavourable when profuse when slight they are of advantage. He had also a tympanitic abdomen, so distended with wind that it sounded like a drum; this is owing to the vitality of the bowels being diminished, & they yield to the gases which are produced, & the peristaltic motion ceases. This is usually a fatal symptom. His hands were wilted like a washerwoman's. I ordered the surface of his body to be washed wh a saturated solution of alum in brandy. I also used this solution in hectic ~~fever~~ sweats; in which it is very salutary.

Cases of Tympanitic abdomen sometimes recover.

Jacob Gilliams a patient of Drs Hanlan & Alberti was very low with tympanitis: he recovered, by the use of wine, bark &c. Cloths wrung out of hot brandy were applied to his abdomen.

& Mr Pickering from Portsmouth was ill with a protracted Remittent & tympanitic abdomen. I exhibited the best red bark, Humphrey's Tincture of bark, essence of beef, Laudanum, a glass of wine every hour for a day or two, Turpentine Julep & Tinctura Rhei Aromatica. The Laudanum

was given in small doses as gtt x, and at short intervals. These had a very beneficial effect: the patient recovered.

In the years 21-22 Joshua Lippincott was seized with the mon-gel form of fever; on the 7th day the pulse sunk & the abdomen was tympanitic; I administered bol alkali; Turpentine julep Tinc Rhei Aromat: the Turpentine julep had a remarkable effect. After apparent stupor he suddenly became loquacious, with an evident disposition to phrenitis, we then laid stimulants aside & exhibited purgatives, with an enema, which caused a considerable discharge of wind. Recovered.

In practice Malignant Remittents will attract your attention. A case of this kind occurred in Samuel Cooper, an inhabitant of New Jersey; occasioned by a quantity of hay that during a wet season had been repeatedly wet by the rain; the stench of which he said was so great, that he was scarcely able to work amongst it. His stomach was first affected, he was then taken with a chill, but not thinking it serious, did not confine himself to the house. He was taken on Saturday on the next Sunday he attended meeting, on Monday a disposition to coma came on. Dr Henry was called in & I was sent for. His countenance was malignant, his respiration laborious, his urine retained, to relieve which I introduced a catheter. It caused an abatement of his other symptoms; the retention of urine was occasioned by the blisters. He tried the various stimulants but in vain. He died a few hours after I saw him; none of his workmen were affected.

Sometimes owing to some peculiarity, we find the bark to have no effect at first but by changing the remedies and recurring to the

a cure will be effected.

A case of this kind occurred in Isaac Davis, who was attacked in a quotidian form. He had pain in the head but his pulse was in that state which did not admit of venesection; we tried the bark but it did not answer. We then suspending the bark tried Aristolochia Serpentaria ordered wine, blisters to the wrists, Seltzer water; Pulvis Antimon: in nauseating doses, by this means we procured a remission; the pulse at that time was 130, the bark was then tried with complete success.

Fall. 1818. Anna Tibbles had a severe attack of Remittent fever when I was called to her she was extremely ill & was affected with a peculiar kind of delirium; her hearing was very acute, her sensibility morbid, there was great prostration of system, I was fearful of stimulating on account of her extreme irritability; and generally it is best to avoid stimulants, where there is that watchful state of the mind, with the hearing excited by every whisper. When there is muttering delirium, obtusion of intellect, I do not fear to stimulate as there is a deficiency of action of the brain. I wished a blister applied to her head, but her parents objected; she continued to grow worse. Her discharges & urine were bloody; her mouth was affected with sordes. Delirium continued, but she was conscious of what was doing frequently making grimaces at those who did not please her; Tongue brown & dry in short she was sinking fast, weak decoct with water was given. Dr Forsey was called in; we concluded to stimulate, regardless of her delirium; ℞ vij vel x Tinct: Opii.

were frequently given, & the claret & water were continued; a blister was applied to her head, which had a happy effect. The tongue cleaned smoothly; the bark was resorted to & gradually she recovered.

Sometime after her sister Mary was taken, she had considerable pains in her head & bones, her pulse did not require the lancet; she had also involuntary evacuations to those of her sister. These in children are not such dangerous symptoms, as in adults, where the habit of cleanliness is firmly established. An Emetic & cathartic were exhibited, but she almost sunk under their operation. To rouse her, sinapisms, wine, soups, & blisters were resorted to: they succeeded: she continued weak, an ablution of Brandy was used, her recovery was slow.

Eliza another sister was seized nearly in a similar manner; when called to her, I ordered the Primae Viae to be cleared; she appeared very feeble, her tongue dark, much affected with bodes; complained of pain in her head; shaved her head shaved, a stimulating plaster of mustard was applied then a blister; her extremities were also blistered. A glass of wine was given every hour, & a dessert spoonful of Hughams tincture of bark, every two hours, & small doses of Rhubarb; about the time of the crisis of the fever she had involuntary discharges from her bowels, which is a dangerous symptom. On one of my visits, she had just had an involuntary discharge; her countenance was unpromising, and her respiration very laborious, tol. alkali, wine whey and broths were administered; sinapisms & blisters were applied to the head & extremities, which had considerable effect; the tongue medionly cleaned, it remained smooth, the

recovered, but very slowly.

Their brother a short time after was attacked in the same manner & required the the same treatment.

I have found sinapisms of great advantage applied immediately before a blister; but generally speaking they ought not to be applied when the brain is affected.

(10 mo 27. 1818) — Benjamin Atherson had been ill several days with a remittent; his pulse apparently active, he was bled; afterward his pulse fell & he appeared sinking; I ordered his wrists to be blistered; tongue almost black, much affected wh sordes; pulse very weak & frequent, he was also affected wh subsultus tendinum. I gave him a glass of wine every hour & a desert spoonful of Huffams tincture of bark, every two hours. Dr Moore was called in, sinapisms were applied to the head, turpentine julep was given in doses of a table spoonful every hour which had a happy effect, his tongue suddenly cleaned. When he was dangerously ill, he was unable to put out his tongue, which is a dangerous symptom unless it arise from delirium: he had a morbid sweat & at one time the family thought him dying he was labouring under coma, his pupil contracted, he had lost the power of swallowing; whether the Coma had been caused by 20 or 30 drops of Tinct: Opii, given to him during the night, I am unable to decide. He passed his urine involuntarily, after the tongue cleaned his pulse rose to 120. I had him removed in a bed to the country in a carriage to his father. His recovery was slow.

The Turpentine as a stimulant I prefer to Brandy, as it acts without being determined to the brain; the doses should be small, if given in large doses it is apt to purge, a few drops of

tinct: Opii may be added. It is the best remedy when flatus is in the bowels or the belly tympanitic.

Some physicians approve of the use of Mercury in quantities sufficient to cause ptyalism in ~~to~~ remittent fevers.

A case of this kind occurred under the care of Dr Winter & myself; it was that of Saml Tyson a most powerful man who was attacked by a remittent fever. He had been attended by Dr Gebhard who administered the mercury previously to our seeing him, & we continued it. He died under the full effect of mercury. — Dr Attee related to me a case that came under his own observation, to show the inutility of mercury: also several that occurred under the care of Dr Moore at the Penn Hospital, related to me by himself.

But with the use of mercury in minute quantities, as 1/6 or 1/4 of a grain, to correct the hepatic secretion, in Intermittent & Remittent fevers I have been much pleased. Wade anchorasma has confirmed this practice. My usual course is to direct 2 grs to be divided into 12 powders, & one to be given every hour, following it up next day by a dose of Rhubarb. I never desire to salivate.

Sometimes a sore mouth occurs without the use of mercury.

In 1819. two children of Coleman Sellers had a remittent, their gums swelled, they had great pain in the stomach, & Submaxillary glands swollen, I bled them & gave a gargle of Borax, recovered. — E. Parker's child, E Davis, & A Konigmacher's boy all affected in the same way, the antiphlogistic plan was used. E Davis was bled once, & saline purgatives exhibited.

In the case of Butts a curious occurrence took place his tongue & fauces were covered with a thick fur, as well as the roof of the

mouth, which was thrown off, and a new one wd appear, this was repeated several times successively. These cases all recovered slowly.

A similar case occurred in the daughter of Lobin Graff. Her voice was ventriloquous, the throat sore, the tongue last occur mostly before the clearing off of the fur.

1822. Again the autumnal epidemic prevails in the western & North western suburbs. The physicians who are attending the poor, say they meet with many very obstinate cases particularly of the mongrel kind. It sometimes takes on the appearance of remittent, at others of an intermittent. With us in the heart of the city it is milder. The bark appears of great advantage, my plan is first to give Ipecac. & tart. Antimon: following it with purgatives & the saline mixture. In some cases where there is pain in the head bl, either in the arm or locally is necessary. Bark in the mongrel kind is of decided use, even in the early stage. Blistering the head, also pounded ice applied there, is of decided benefit. It is necessary to pay attention to the bowels. When the tongue is furred & red, some like Fowlers Arsenical Mineral Solution, but it does not meet my approbation. In some patients who have had sick stomachs, I have found the application of Spiced plaisters, or Blisters of much advantage. There has also been a kind in which there is great pain in the back & limbs denominated the Break bone fever; similar to the pain of broken bones, somewhat resembling rheumatism but essentially different from that complaint. Instances have occurred of considerable discharges of black blood from the bowels: this is a very dangerous symptom: the patient generally dies in one or two hours after it occurs.

An instance of this occurred in a young man of a robust

constitution, a brewer of this city of the name of Pepper, a patient of Dr Emlen, he had been attacked in an inflammatory form at first, but had been bled twice and the antiphlogistic plan had been pursued, on the 7th day he sunk into a low state; at this time I was called in, his tongue very dark: in this way he remained two or three days, when during the night he had a discharge of black blood from his bowels, & before the sun had gone down on the following day he was no more.

When the discharges which have been dark-coloured assume their natural colour, I consider it a favourable omen, but a case contrary to this occurred to Dr Lemas, to which I was called. A person named Dubary whose alvine discharges had assumed a natural colour, & without any considerable evacuations he sunk. which proves that facts stubborn thing; & that they do not bow to theory, but theory must yield to them.

In the case of Joseph Jaggart, ~~who~~ president of one of the banks, was attacked with intermittents, one of the first symptoms was a comatose state caused by a blister.

The paroxysm is frequently ushered in by an apoplectic state. When pregnant women are attacked by remittents, ~~the~~ an abortion is generally the consequence, & the patient frequently dies. April 17th

Lecture 4 —

Malignant Intermittents.

Of common Intermittents it will not be necessary to say much but I will observe, that their usual forms are Quotidians, Tertians & Quartans: in a Quotidian the attack commences about noon with a chill, this is followed by the fever, a hot dry skin, the pulse active & bounding; the which after continuing a little

while is followed by a profuse sweat over the whole body, so copious indeed is the perspiration that water may be wrung from the clothes; thus the Paroxysm ends and the patient sufficiently well to pursue his usual avocations till the next attack. In our treatment of this form it is not an object to try to break the paroxysm: but after first cleansing the Primæ viæ, to prevent the recurrence of the paroxysm.

But of the malignant form, nearly the first case that came under my notice, was a person of the name of Mr Sloane, who had gone to some land in the state of Delaware owned by him, attending the cutting of some wood during the hot season. ~~during the hot season~~ on his return to the city he was taken sick: I was called on to visit him at his residence, West of Schuylkill. At first it appeared to be a quotidian of a mild form, such as I thought would readily yield to bark, but it soon assumed a malignant form: the symptoms were most distressing: his system depressed, the Nervous system considerably affected with great disposition in the cold stage to faint, pulse feeble, skin cold, respiration laborious. Some bol: alkali being at hand, I tried it but it increased his distress. I then directed blisters to be applied to his stomach & extremities. Sinapisms & hot applications were made use of; and the free use of wine, Serpentaria, Porter, & essence of Beef, in short nearly the same treatment was used as to Sullivan. He recovered.

In protracted Intermittents, as a preventive let a patient take bark once a week — Thus in the case of a contractor of the Delaware & Chesapeake canal. He was seized with an intermittent, was cured by a couple of doses of bark, yet it returned once a week, by taking bark on the days of return he was finally cured.

In proportion to the violence of the chill, is the weakness of reaction, if it take place; in mild chills, the febrile reaction is violent.

When I percieve that difficulty of respiration; as if with a consciousness of the inability of the lungs to perform their office; it forcibly reminds me of the experiment of the three Frenchmen who divided the 8th pair of nerves in a horse; as soon as the division was completely made, the animal as if conscious of the incapacity of the lungs to perform their duty, opened his mouth & inhaled with the greatest violence: the lungs were expanded but they had lost their power, the arterial blood was returned of the same colour as the venous.

The second case of this kind was that of John Wood, in Franklin court, 6 mo 6. 1815; he had been attacked by intermittent sometime before & recovered; I was absent when he was taken the second time. When I saw him, he had a regular quotidian intermittent, he was bled, an emetic was given in the evening, his skin was moist & free of fever. I ordered him a decoction of Lepentecia. the next day he was much worse: he was taken with a chill & spasms, he complained of much pain on one side from the clavicle to the pelvis, which frequently caused him to scream out. his respiration hurried, pulse so frequent that it was difficult to count it; appeared sinking his attempts to vomit were distressing. Had recourse to Laudanum, brandy Toddy, ginger, sinapisms, application of warm water to his feet for about two hours, still his system did not rise. he then rubbed him with a decoction of Cantharides in oil Terebinth. Blisters were applied to his wrists and the side of which he complained. The bark was then used in substance in frequent doses, combined with Huxhams Tincture; after using ℥j his stomach rejected

℞ Spiced Plaster.

℞ - ℞ Zingiber —

" Piperis Nigri

" Cinnamomi

Caryophyllorum ana duo cochlearia ampla

Farinæ Secalis & Spt vini Gallici —

Mellis, 2S —. (To prevent sticking heat it up) apply on stomach

it. The decoction of it was then used combined with Huxham's Tincture with 30 drops of Laudanum. He took the essence of beef & calves foot jelly frequently. On the 8th his pulse upwards of 120, small & frequent, tongue coated; at 10 o'clock 3gr of opium were given before the expected accession of the paroxysm, he escaped it —. In the evening pulse feeble but better, he took the bark every half hour; 9th continued the bark regularly, was somewhat better, — at 10 o'clock took 4grs Opium — it did not cause sleep or pain in the head — this day he escaped the paroxysm, — on the 10th was better, pulse stronger & fuller. The bark was then given every hour. One reason of the opium not affecting him was his being accustomed to stimuli — recovered.

When the stomach is so irritable as not to retain the bark, a fried plaister is of great efficacy. Sometimes between each dose of bark, chewing a small piece of Ham fried crisp has an excellent effect, in preventing it nauseating. Clove tea has the same property — It does not often happen that the patient recovers when in the cold stage, the system sinks so low, & rises with such great difficulty.

Dr Newson had a case at Camden, in which although he arrived during the paroxysm the patient died; his skin was cold, countenance ghastly, troubled with vomiting, respiration laborious — his disorder did not show its dangerous form at first. Del. Friday April 20th. C 23. 1827 —

Lecture V.

Children are more susceptible to febrile impressions & well as to remedies than adults. Hence as it is frequently difficult to persuade them to take the necessary quantity of bark; it may be employed externally, the bark in coarse powder may be quilted in a flannel jacket & worn by the child next the skin, occasionally moistening the bark with brandy to extract its virtues more perfectly.

Along with this, the salt bath may be used, in chronic intermittents it is a most valuable remedy, a hogshead cut down will do as a substitute for a bathing tub, into it may be put half a bushel of salt for an adult, & a proportionate quantity for a child; it is best to use it moderately warm.

To illustrate the occasional violence of malignant intermittents, I will relate a case which was ~~found~~ related to me by a medical friend at Deer Creek (Maryland) a young gentleman had been greatly affected by an intermittent, on the day of his nuptials, immediately after the performance of the ceremony he was taken ~~by~~ with a paroxysm, and notwithstanding medical assistance, almost immediately fell a victim.

Sometimes however, even very aged people cling to life with great tenacity; under the head of Hydrothorax I shall relate in detail the case of Elizabeth Thomas, a respectable lady of 80 years of age. She was attacked by a malignant intermittent, in the cold stage her countenance was ghastly, her nails blue, & her dissolution seemed imminent, however she rallied & by the liberal use of bark, recovered.

When the skin is very cold, the countenance shrunk & ghastly, with laborious respiration & nails blue, in the cold stage

unless aid be afforded, the patients will perish. We must endeavour to allay nervous irritation & should we succeed, the utmost diligence is necessary to prevent the recurrence of the paroxysm by large dose of Bark or Quinine, as two or three grains of the latter every hour, if the patient can bear it. About the time of accession, warm applications & rubefacients should be employed which will often prevent the chill.

Yellow Fever.

I will now proceed to yellow fever, this is a very interesting disease, in many of our cities it prevailed to a frightful extent, being truly a pestilence that walketh in darkness. I have heard the step of the passenger heard at noon day as readily as at midnight, when the silence of the city was only broken by the sick or dead cart.

It was long a subject of warm discussion, whether the yellow fever is contagious or not. The subject of yellow fever became a Medical Babel in which there was as much confusion of languages between the contagionists and non-contagionists, as between the Federalists & Democrats in political warfare. This contention has now subsided, its authors have gone to the grave; and we as we have not pledged ourselves to either party, may cooly & philosophically determine the question. That yellow fever is contagious under certain circumstances & may be introduced from foreign countries, I do firmly believe. In the year 1762, a gentleman died in the West Indies of the fever, his effects were sent to this country, and a number of gentlemen made an inventory of them after bending; in consequence of this a number of

those who had examined the clothes, were taken sick & died of yellow fever among them the grand father of the late Dr Griffith. Several in the contiguous houses were also infected, great alarm prevailed but the disease soon subsided.

Another circumstance is that whenever the disease occurred it could be traced to one point, & that point was invariably on the shores of the Delaware on the Eastern part of our city. The earlier cases can all be traced to those who had connexion with the infected district, after the cases became more numerous the links were of course broken.

Candour obliges me to state that in my own practice, in the year 1820, I found no instance of contagion out of the infected district; yet in Duke street considerably removed from the original seat of the disease, several cases occurred. The non contagionists referred the to the miasmata of Peggs Run, a dirty little brook, yet none of the houses much more exposed to the infection were seized with the disease. Those who maintained a different opinion, traced it to a black boy who was first affected; he had climbed over the fence & had gone into the infected district & there disseminated the contagion -

Del. Tuesday. April 24th, 1824

C. 24 — 10 — (April 22nd. 1828)

Lecture VI.

The progress of yellow fever is gradual it spreads from house to house, while those diseases which are caused by marsh exhalations attack a district of country at once.

Those who deny that the yellow fever is a disease sui generis, assert that it is the common bilious fever of our country in a malignant form. If it does depend upon the same cause, those districts which usually suffer from bilious fevers caused by marsh exhalations, should have them in a more malignant form in those years in which yellow fever is prevalent. the fact is however directly the reverse of this; thus the Neck between the Delaware & Schuylkill was then remarkably healthy.

Fevers caused by marsh miasmata, as common intermittents affect the system frequently; thus we see in ague districts the patients always possess an increased susceptibility to disease. The inhabitants are seen with constitutions broken down by successive attacks of bilious fevers, producing enlarged spleen, disordered liver with other affections. — In yellow the very reverse of this obtains, so far from having increased susceptibility the patients lose it. Let us examine the medical men of 93, with the exception of Drs Redman & Rush, none of them had seen, & when it appeared confessed their ignorance. Among them were the distinguished names of Rush, Wistar, Cathrall, Jones & Griffith, then young practitioners; many of the Phila. practitioners died in that year, & almost all were sick. Mark the

same men, during many succeeding fevers, by which thousands of our fellow-citizens were swept off, but not one of these men perished by the fever, though many of them have gone to the grave. — Dr Physick thinks he has had the fever several times; I do not question his opinion, but it must have been a very accomodating fever; many young practitioners yet unseasoned fell victims in 98, & successive years.

My friend the late Dr Samuel Powel Griffiths, who had practised in the midst of yellow fever perhaps more than any man in the city, had remained firmly in 98 & every successive year, told me that he would not undertake to say that he had never seen a second attack; but he would positively assert that he had never seen a death from a second attack.

All soldiers are carefully registered; hence we can often among them trace diseases with much certainty. In Gibraltar the yellow fever broke out some years ago; one or two of the regiments had been affected with it in the hot holes, & it was observed that not a man who had previously been affected, was seized with the disease. In the case of Gibraltar where could the disease have been generated? A second attack is as rare as secondary small pox.

Yellow fever is not contagious in all situations, I once lived in the Yellow fever Hospital; the nurses often lay down in the beds of the sick, & even the dead no one instance of fever occurred among them, except in

one or two, who had probably contracted it in the city. They were exposed to infection of a peculiar kind; in a large garret of the hospital, all the infected beds, in which persons had died, were thrown, black vomit & every thing; I have often called the nurses from this garret in which they would often sleep when off duty; yet they were not sick. — It however sometimes appears in the country, in the year 98, a friend from Bucks county came to attend the yearly meeting. he was seized with the disease, went home & died, he was attended by his daughter, who also died of the fever, though she had not been in the city.

Dr Wistar read to the college of Physicians, an account of some cases of fever which occurred in Germantown; some cases occurred in a part of the town, which the Doctor supposed had been brought from the city, it was however confined to a few individuals. Some referred it to a heap of manure, which had been in the neighbourhood this however had existed for 70 years, without injury.

But the air of the country does not seem congenial to this disease, the contagion may exist though it be not brought into action, as the vitality of a ~~plant seed~~ may not be destroyed, though if you sow it in the barren sands of Jersey it may not spring up, let it be placed in a rich garden, & it will flourish luxuriantly.

Yellow fever has been thought identical

with bilious fever, because like the latter it disappears upon the approach of frost; — but how is it that men who had during their whole lives been conversant with bilious fever, knew nothing of the disease when it appeared in the year — 93. A young practitioner when called to a patient, & finding him on the 3rd or 4th day with his skin cool, his pulse moderate, & his tongue looking well, would without hesitation to be in a delightful way; the next day to his astonishment he would find that he was dead. Hence Dr Rush used to tell us, to beware of a clean tongue, natural pulse & cool skin in yellow fever.

The black vomit is another distinguishing mark; in bilious fever dark looking bile is often thrown up, but it differs greatly from genuine black vomit.

I shall also mention the walking cases, though patients were generally confined to bed; but in bilious fever there is always great muscular debility, but in yellow fever the strength of the muscles remains for a long time, even after the radial artery could be no longer felt: sometimes persons walked when absolutely pulseless. Dr Dorsey who was well acquainted with yellow fever, was walking in Market street, when he perceived a crowd around a man who had suddenly been taken ill, he placed his hand, on his wrist, found him pulseless, & without hope of recovery, he ordered him to be immediately to be carried to the fever Hospital, some of people called him a fool, the man however was sent & in

24 hours he died.

While I was at the hospital a patient presented himself for admission; he had felt unwell, settled with his employer, tied up his clothes in a bundle and supporting it by a stick from his back, had walked from the Neck to the Hospital, when he arrived he was without pulse, or at least it was barely perceptible; he was recieved & died in 24 hours.

Patients frequently presented themselves when almost gone. A man was once admitted, & instantly became delirious, cast stones at the female nurses, when destitute of pulse. he soon died.

When a sore throat & red eye attend fever they are dangerous symptoms; I was called to a man who sickened in this city; he had come from N York, his was a walking case, he was gone —.

It may perhaps be asked what advantage is there in disuping the contagious or non-contagious nature of yellow fever? This expense of time is necessary, medical men are in a responsible situation, the quarantine laws, the state of the public health depends in a great degree upon them. It is important, very important that medical men should have just views of this disease. In a large commercial city much care should be taken, lest a medical man should needlessly sound an alarm; the distress, the terror, & the interruption of commerce are scarcely conceivable; foreign consuls refuse to sign bills of health, our citizens are subjected to vexatious quarantine laws.

When the yellow fever comes, & a physician sees it, it

is not his business to proclaim it to the world; he should report it to the proper authorities privately — there his duty ceases. The board of health is appointed to attend to the health of the city, & with them the responsibleness rests. He should be careful how he gives the public notice of the fact; but he should fearlessly proclaim the fact to the proper authorities, at all hazards.

I once was in a situation where my character appeared to be laid waste, & my prospects utterly blighted; it was at a time when the Board of health had avowed the existence of fever. At this time I was called to a case out of the infected district, the inhabitants refused to believe it, my opinion was credited. I handed in the report to the Board of health, but they actually refused my report for some hours; the public outcry in the neighbourhood was against me. I called in Dr Saml P Griffiths, he immediately joined with me, then the Board could no longer reject my report. — Yet these men who had never seen the case, & feared to approach the house, had the effrontery to deny my assertion, after having ordered physicians to report every case of fever. ~~Before~~ After the report had been handed in 48 hours the patient, a lovely young woman died of yellow fever in an aggravated form —

Del. Friday. April 27. 1827.

C. 30 —

Lecture. VII.

Yellow Fever — Continued. Symptoms &c

I will now give you a more definite description of yellow fever. There is generally a cold stage, marked by a distinct chill or rigors; then reaction generally occurs & the fever is developed. Y. Fever may be divided into three grades, the mild, the severe and the disorganizing: there are some cases in which they die ab-initio, the powers of the system are at once laid waste. When we find the set of usual symptoms there is a hot dry skin, pains in the head & back; sometimes even the early stage the experienced eye can detect a peculiar expression perfectly understood but scarcely to be explained, wh a malignant livid countenance; the reaction is sometimes so violent as to call for the lancet, evacuations generally are useful, except by emetics, Dr Moore of Charleston however recommends emetics, the experience of 1793 taught us that they were improper.

Yellow fever generally assumes more of the continued than the remittent form; sometimes the fever will continue for three days; at the close of the 3rd or 4th day a deceptive change will often take place, he will be free from pain, his skin cool, pulse nearly natural, tongue looking well, & apparently a delightful remission; the only uneasiness the patient experiences is a feeling of weight at the stomach; but this is a delusive calm, his skin becomes yellow, sometimes dark orange, particularly about the face eyes & breast. The epigastric region appears to be the seat of the pain & danger, the patient will often

scream whenever the stomach was pressed, hence this was considered as a distinctive symptom of the disease, but some cases were marked by black vomit, without pain at the stomach.

The third stage is ushered in by black vomit, the pulse sinks, dissolved blood flows from the tongue, blistered surfaces, the kidneys passing out with the urine, for a a day or two before death, there is often no pulse to be felt at the wrist. After black vomit has come on, the sensibility of the patient is often very great, the consequences are often perfectly known.

A young widow in the fever Hospital, was left the mother of one child, she was the daughter of a clergyman, when she perceived that she had discharged, she immediately exclaimed, I am gone, Doctor pray for me; she then dictated to me while I wrote her will, bequeathing her property to her only child; this was one of the most affecting cases that I ever witnessed. There was another man whose family was in the Hospital he was perfectly aware of his situation, & turning to me asked Doctor are you a father, upon my answering in the negative, he exclaimed, then you will have less to trouble you than I have, who leave my helpless children. Another patient requested me to write his will at 12 o clock & died before morning; before his death he counted out the precise sum that he owed at a boarding-house & appointed his executor.

One of my students ran with me the case of a young man from Hayti, who had contracted the disease there; the vessel in which he sailed had a remarkably short

passage took a pilot in six days, & the next day arrived at the city; the health officers were deceived & the young man landed. He died of real malignant yellow fever, but his mind was perfectly calm, he requested me to write his will, as no scrivener would come; requested the nurse and one of my students to witness it, and ordered that his father should not be sent for, as it would be detrimental to his business at that time.

Some died without hæmorrhage or black vomit as in the walking cases; but they still possessed symptoms well understood, a peculiar malignant countenance, sore throat, red eye, and a deficiency of urine; where no urine is passed there is little hope; profuse sweating is often a fatal symptom, it however is rare.

A man who died in 48 hours passed no urine & after death not two teaspoonfuls were found in his bladder; it was a paralysis of the kidneys.

I have seen patients brought in with a purple face, dissolved blood issuing from the mucous surfaces the blood appearing to stagnate in its cavities, the nails blue countenance purple as in some fatal cases of typhus; the stomach exhibited signs of inflammation, which I think is of an erysipelatous kind; some were affected with coma, & lethargy, who literally slept away their life; sometimes the skin & pulse were natural yet their countenance bespoke their danger. Sometimes great delirium came on, a Dane a remarkably powerful man, was confined in a strait waistcoat to ~~wood~~

him from doing mischief.

A very distressing case of the same kind I saw with Dr Wistar; it was that of a young man in Greenleaf's court; his bed was covered by black vomit & dissolved blood which was also smeared upon the wall; he had the risus sardonicus, the malignant grin, so hideous in a human creature, the black nurse had muffled up her face with a towel besmeared with blood, the patient died before morning.

The walking cases were generally fatal; I have seen but one who had been pulseless recover; it was an Irishwoman, who came to the Hospital, was alarmed at the spectacle she saw, ran off, but was brought back, she was pulseless — she was immediately put to bed, & resisted every mode of treatment, until the priest was sent for, she was a catholic & submitted immediately to our treatment; wine & other stimulants were given in abundance. In some cases the pulse required the lancet, — in one instance I met with what Dr Rush called the gaseous pulse, it was a young man; his pulse was full, & seemed as if the artery was of twice its natural diameter, but with pressure it passed away like a bubble of air; this was a bad symptom; I took a few ounces of blood, which looked like tar, & had lost the power of coagulation; black vomit then came on, alternating with coma; the patient died.

After black vomit the patient sometimes feels an appetite, one of them at the hospital sat up &

(May 2nd 1828, 2d course)

ate the leg of a chicken. In black vomit there is little or no nausea as in bilious fever; large quantities were often thrown up without effort; acid eructations are very common, Dr Chouges often asked his patients if what they threw up was bitter, but was ~~invariably~~ often told that it was sour, but never bitter.
The last stage of yellow fever was often marked by strong convulsions, as in common typhus, Dr Wistar died ~~of~~ in convulsions from typhus. — After black vomit a patient rarely recovers, except it occur in children; I saw a case in which the patient appeared likely to recover; the hot bath was directed to stimulate his skin, for the 1st day the symptoms were flattering, his pulse became stronger, but soon considerable tumefaction appeared, about his trachea & heart, & carbuncles appeared similar to a case of plague; the tumefaction seemed to oppress his breathing by its mechanical impediment; I once thought of opening his trachea, but was afterwards glad that it was not done; the case was fatal.

In my opinion, black vomit is nothing but dissolved blood cast out from the vessels of the stomach; it has a flocculent appearance resembling coffee grounds; perhaps the blood may not altogether have lost its power of coagulating; it may be easily distinguished from bile by dipping a white in it; if it be black vomit it will have a chocolate ground; if bile, there will be a greenish tinge. In the confusion, several drunken creatures were brought into the hospital, as if labouring under black vomit. —

Del. Tuesday May. 1st. 1827. J.C.J.

Lecture. VIII.

Treatment of yellow fever.

Practitioners differ in their treatment of yellow fever; some use mild others violent remedies. – All however seem to agree that emetics should be rejected, although they are often resorted to in our common fevers. The lancet in some seasons was much used; the disease appeared to differ in its type, in different seasons; in the years 1793, 1798 ~~much~~ frequent bleeding was necessary, in subsequent years it was more cautiously employed; Practitioners sweated more & bled less; at the Hospital the lancet was at first employed, but the patients would not bear free bleeding. Mercury by some practitioners was used liberally, Dr Wister employed it freely in every stage, yet his success was not equal to that which he had in other diseases; it often seemed that when the issue was favourable, the disease would have passed off ~~[illegible]~~ equally well without the use of mercury. Dr Griffith used mercury only in the early stage, he gave one grain of calomel every two or three hrs, night & day, whether it slightly affected the gums or not; after the third day he gave no mercury, but purged with Senna; his success was better than that of Dr Wister.

The moderate use of the lancet in some cases was of service; in the Hospital if patients were admitted in the early stage we usually took some blood, sometimes applied cups or leeches to the stomach, we then purged & sweated them liberally, Jalap & Cremor Tartar was much used, also castor oil sennade. The warm bath was also employed,

with nutritive drinks, as the decoction of the Eupatorium perfoliatum, & warm lemonade; the saline draught was much used. Antimonial preparations are generally inadmissible in yellow fever; Sometimes when the patient does not sweat readily, warm drinks & heavy bed-clothes prove injurious; then cold ablutions & cool drinks should be administered. patients often demand cold water, what can be more natural than it in fever; cold ablution is excellent in yellow fever. The bowels must also be attended to, some keep them open by gentle cathartics, others by injections, the strength of the patient should not be exhausted. Blisters may be applied with great advantage over the stomach, we should not wait for the disorganization of the stomach; I do not know if stimulant applications were ever applied. ——— There is a great necessity for supporting the system after the violence of the disease has passed away, when much debility; the care of a physician is then most needed. I formerly dreaded stimulants, lest they might excite the brain too much: Dr Duffield an old practitioner saw a case of this kind with me & directed wine; I said "perhaps there may be too much action" he replied "perhaps the sky may fall". Wine was used freely but the bark was not employed; the nurses were obliged to be strictly attentive to their patients. In many cases the stomach was excessively irritable, lime-water & milk were then used. Various other plans of treatment were proposed, as the hot bath; spirits of turpentine, Dr Physick endeavoured by this remedy to excite a new inflam-

vention by giving it in divided doses of one or two teaspoonfuls; in injections it also proved serviceable.

In 1820, the Wharton family lived in Front near Walnut; the square was shut up & all moved out except them; almost all were attacked by yellow fever, three children died, a black servant recovered; the mercurial practice was fairly tested in their case but proved unsuccessful. Dr Irvine of Charleston employed the acetate of Lead; he thinks with success, gij were given every hour till ℥j had been taken. It was tried in the Wharton family when it certainly tended to suppress the black vomit. It was also used in another case where flocculent discharges had appeared. Cold water may be poured upon, sometimes with the addition of sugar of Lead. Dr Monges' treatment of the disease was as successful as any other; he used a mild treatment, simple ptisans, & diluted drinks were given, to wash out the stomach, with occasional bleeding & leeches & cups over the stomach; he considered it as a case of gastritis, similar doctrine to that of Broussais.

Del. Friday. May 4th. 1827.

C. S.—

Upon the whole, after considerable experience, I should treat the disease by the simplest method; I would confine the patient to herbs, cool air, cold water, & cold affusions.

Lecture. IX.

Typhus Fever.

By the term Typhus Fever, I do not mean the low state into which remittents & other diseases sometimes fall, but the disease which is specific in which ab initio there is a prostration of the powers of vitality. The disease first appeared in this county in New England, where it was called Spotted fever; I shall reviate my first acquaintance with the disease without theory. In the winter of 1812-13 we heard of a violent disease having broken out in Cambelen in N Jersey; of which several had died: an opportunity was soon presented of seeing more of the disease.

In January 1813, I was called to visit Samuel Poole, in Cambelen. He had been attended by Dr Henry of Haddonfield; he had seen several patients with the disease & thought it inflammatory; some had been affected with Phrenitis, others with Pneumonia, others seemed to be affected with inflammatory rheumatism; their blood was sizy. Poole was the first patient that I saw, I was immediately struck with the malignant aspect of the disease; I had been accustomed to pay attention to the countenance in yellow fever, that of the patient was very unpromising. He had been bled twice before I saw him under the impression that it was inflammatory rheumatism; I saw him on the 4th day, he died on the 7th.

On the 21st of the same month, I was called to see Sarah Poole the widow of the last mentioned, ninedays after his death.

The patient had been subject to Quinsy, she was attacked by a chill some soreness of throat, an erysipelatous appearance about the fauces, but no tumefaction of the tonsils; her pulse was feeble, easily yielding to pressure, her countenance was of a malignant dingy cast; the disease was decidedly of a low character.

The treatment before pursued had terminated in death in seven instances; the same plan of subduing inflammation had been pursued by the most respectable practitioners; ~~greatly~~ chiefly caused by the doctrine of suffocated excitement. I determined to pursue an opposite course to that which had been pursued; I believed that the disease was of a low malignant character, to be resisted by supporting medicines; under this plan of treatment the patient recovered. The new plan was followed by success and instead of all dying, many recovered. Soon after the disease appeared in Philadelphia; it first appeared at the waters edge: one of the first cases was a young man ~~of~~ the name of Samuel Cloud, who lived with Samuel Anderson in Water St; he was attacked on the 18th. The next case I saw was that of Pike an apprentice of Bennet & Walton's in Market, between Front & Second. A young man living at Jacob Wikoffs in the same square was also attacked; he recovered. Bennet's wife & children were attacked but recovered except one. — Fullerton was also attacked.

The wife of Mathew Greenwall who lived at the Ferry house was seized by the disease, it proved fatal in a few hours.

Étude de médecine

The disease then passed up Market & Arch st. Dr Rush saw a patient with me a short time before he was attacked by the disease, which he probably had contracted from this patient, at the corner of Arch & Moravian Alley; after leaving the room he exclaimed, Doctor what is it? He was much struck, and prescribed for a low form of disease, Brandy toddy, & decoction of bark, - when a student of medicine he had seen a malignant pleurisy similar to the present disease; he also thought that a little a very little blood might be taken; but the patient died before the next morning.

About this time the deaths among the poor, were not mentioned owing to a dispute between the board of Health ~~guardians of the poor~~ and the managers of the alms house.

Soon after the typhus fever appeared in the most healthy situations. The family of Shallcrop lived near Frankford; the son a young man was first attacked; Several of them sickened, a daughter in law died. When I was called in the father & son were sick; I was placed in an unpleasant situation, the medical men who had attended them thought the disease inflammatory, & used the lancet freely; I was of a different opinion & could not conscientiously advocate that treatment; there were two physicians from the city & two from the country; fortunately the others joined me, & the case was committed to my care. I was placed in a most responsible situation, the physician who opposed me withdrew his attendance; however I treated them conformably to my judgment & happily they both recovered. Many other malignant cases occurred among which was the lamented Rush.

In general there was great prostration at the outset of the disease, in some reaction took place though others particularly if debilitated by debauchery or previous disease never reacted. When a person was seized with the disease; his countenance was shrunk, skin cold, pulse feeble or sometimes imperceptible, with insatiable thirst; as soon as action returned to the pulse & heat to the skin, the thirst declined, hence excessive thirst may arise from two opposite causes, excessive action in the blood vessels, & want of power to propel the blood into the extreme vessels.

Delirium often occurred in the early stage of the disease; a young man the son of Saml Archer, was going to his country seat on stepping out of the carriage, he was seized with violent delirium, I was called & instantly went out; I found him with a feeble pulse & violent delirium. Hot water was applied to his feet, & then strong mustard plasters, - when in the midst of his phrensy to my great joy he roared out, "fire fire"! & quickly recovered.

It was peculiar that two patients were affected with mania; one died the other recovered, in them there was much disposition to bite & injure those around them. Others were affected with erratic pains in their trunk & limbs which counterfeited inflammatory rheumatism; they were not fixed as in rheumatism.

May 9th — Another form is that of Pneumonia Typhoides; in my practice I have seen only one third affected with Pneumonic symptoms; there was pain in the chest, dyspnoea, & dark bloody expectoration, or sometimes it was a

peculiar secretions of a dark orange colour. When the expectoration is free the danger is less, in some cases it seems to depend on want of vitality. Diarrhoea is an occasional attendant, reducing the system sometimes so low that nothing can raise it. One of the first patients Dr Physick saw with this disease, was one in consultation with me at Jacob Ridgeways. I was uneasy as to the result of the Doctor's opinion, but to my great joy, his judgment completely concurred with my own, & he united with me in the course that I pursued. The occurrence of Diarrhoea, at the same time with pulmonary disease is not unusual.

Cholera often seems to arise from typhus fever.

Del. Tuesday. May 8th. 1827.

F.C.15.

Lecture. X.

Treatment & symptoms of Typhus.

There is a peculiar expression in the eyes & countenance of patients labouring under malignant Typhus, in some cases I have seen it nearly livid. The torpor of the nervous system in Typhus fever is remarkable. some lost the power of taste & were unable to distinguish wine from water; the blistered surfaces were often insensible. This was particularly remarkable in the sinking spells, there were were periods of extreme debility, produced sometimes by the least exertion as going to stool; in some recession never took place, we should always keep the patient quiet. If they are slight, wine & cordials with external stimulants will be sufficient

to raise the system. When physician to the guardians of the poor, I attended a man & his wife ill with typhus in a hovel in the Northern Liberties; the neighbours were afraid to enter the house; their child cried & wished to go out, the husband rose, walked to the door & immediately sunk on the floor, the cries of his wife brought in some of the less terrified neighbours, who found him lifeless.

A striking instance of the loss of nervous power in a sinking spell occurred at Woodbury N.J. – in the wife of Dr Byres: her husband left her for a short time to visit a few patients, during his absence the nurse & patient concluded to procure an evacuation by an enema, The exertion caused by the evacuation produced a severe sinking spell; when the Doctor returned he found her in the utmost danger; stimulating applications were made in vain to the skin. He then ran to the fire, seized a burning brand & applied it to her leg, this excited some sensation, but so far from a painful one, that she requested its continuance; she said there seemed such a void of feeling that any sensation produced pleasure. He also applied a strong infusion of Cayenne Pepper in vinegar to her blistered surfaces, half an hour after she complained of of the pain & finally recovered.

There is considerable variety in the pulse, generally it is one of weak action; sometimes the pulse is deceptive our first impression is that it is one of high action, but on pressure it is gone; frequently

the pulse was that called gaseous; in some cases tension in the pulse was observable: one of the most dangerous pulses in typhus fever is that called Synochula by Dr Rush small, frequent, & tense.

The tongue is often moist & almost natural, though generally brown & dry with sordes in the mouth. The cleaning was a good symptom, but it sometimes appeared about to clean when the disease was nearly fatal: the tongue has sometimes a foul slimy appearance as if it had been smeared with some glutinous substance, as current jelly. Spontaneous & clammy sweats are an unfavorable symptom; as are also involuntary discharges & hemorrhages from the bowels, kidneys & nose. The dissolved blood when effused often produces petechial spots. Sinking spells are often regularly intermittent; this was particularly shown in two cases which I had; they were fatal.

Pneumonic symptoms if not occurring till the last stage are extremely dangerous & often fatal; when they arise ab initio they are manageable & the patient will do well; but when they appear on the 4th or 5th day, so far as my experience goes, they are always fatal. One of the first cases I saw, was a young married woman, who lived in 8th st near Vine, she had contracted the disease by nursing her sister, For four days there was nothing peculiarly dangerous in the case; on the 4th or 5th she was taken with symptoms of Pneumonia, her pulse had become tense from being feeble & gaseous,

stock a small quantity of blood to see how she would bear it & discontinued the use of stimuli; at midnight I again went to see her & found her in a most dangerous condition. She had acute Pneumonic symptoms, I examined the blood & found it sizy, I then bled her again, & left her till the next day when a consultation was called but she was died before evening. She was in early pregnancy, & aborted, which perhaps hastened her end.

Dr Mollens a young man of this city was attacked by Pneumonia on the 4th day of typhus fever; notwithstanding every effort his case was soon fatal. His countenance was as yellow as ~~saffron~~ orange; and in his stomach after death genuine black vomit was found, his ~~lung~~ pleura was filled wt yellow lymph. — Black vomit occurred in several of my patients, particularly in John Howe's son.

Practice. — We may premise that in general every epidemic, on its first appearance presents a different form, from its true character which is afterwards displayed. When J F first appeared, I had a great dread of evacuations in every shape; but afterwards in some forms of this disease evacuations were found to be safe & advantageous.

We will take a common case of a person in ordinary health. After the rigors are over, the system reacts, febrile action is produced with hot skin, restlessness &c. The first passages shd be cleared: an emetic may be given with happy effects followed by a cathartic & diaphoretics; as an emetic I give ℥ss Ipecac & f℥j vini Antimon; to be repeated if necessary. 8 or 10 gr of Calomel may be given with ʒj or ℥ss of Ipecac.

x. ℞. Sulp: Antim: precip: gr viij
Pulv. R: Jalapae
" Cal: prep: ana gr X.
Dividend: in pulv: ij: unus sumatur secunda vel tertia quaque hora. —

Some active cathartic may be next ordered, as Calomel & Jalap aa gr x: or Lees antibilious pills. I also often direct the annexed prescription. The warm pediluvium may also be used; diaphoretic ptisans as Eupatorium P. &c. The saline draught, or the Spt Mindereri may also be given wh the addition of mint water. Other gentle medicines shd be given particularly in the early stage. If the head be much affected, local depletion is demanded, less debility is produced than if the blood were taken from the arm. In some cases a small quantity may be taken from the arm; as in some instances there is rather an excess than a want of action. — Among local application blisters upon the neck & extremities are particularly excellent, ~~particularly~~ especially if the patient be very restless.

The Dovers powder may be given, or Calomel & Ipecacuanha with tepid drinks; but if no sweat appear, do not push the stimulating practice; if the skin be hot & dry with no chilliness you should resort to cold ablution. Cool air & cold water in many cases lower the fever without reducing the strength; you must watch the consequences of improper depletion. After 2 or 3 days a mild cordial plan of treatment shd be adopted, but if the symptoms do not demand stimulus do not force it upon your patients. Wine is preferable to ardent spirits except with hard drinkers. Remember that you are contending with a disease of low condition, & take care that the patient does not fall into a state of debility. In such cases the carbonate of Ammonia is an excellent gentle stimulant; it may be given with an infusion of serpentaria, or in a julep, that 5 or 6 gro may be given in a tablespoonful.

I have found great advantage from an animal diet in typhus, although it is forbidden by Cullen. In protracted cases some recommend emetics when the skin is cold, & the pulse barely perceptible; but we will examine their propriety in the next lecture. JC. 21. Del. Friday. May. 11th. 1827.

Lecture. XI.

Treatment of Typhus Fever.

No emetics should be given, if the strength be very prostrate, or cold skin & at the outset of the disease: a physician in New York recommends emetics in every stage, to elevate the system if it be low & reduce it if too elevated; this opinion is but little creditable to him. We should in that case endeavour to tranquillize the stomach, restore heat to the surface & increase the action of the heart & arteries. If the skin be cold we should apply stimulants externally as well as internally. Among the measures best adapted to these cases, is the application of flannels steeped in hot brandy or spirits in which cayenne pepper is infused, as a fomentation to the extremities & trunk. The warm bath is also desirable. The decoction of Cantharides in Spt Turbinth, is also valuable, but we must beware of occasioning extensive vesication. Hot bricks & bags of hot sand I have also used. The Thorse-mint oil, (oleum Monardae punctatae) I have sometimes employed.

The stomach, is the great organ by which impressions are to be made upon the system, hence we must inquire what is to be done when it is irritable. We should first try opium, but if that be rejected: & spread plaster

(v. p. 21) A Madeira wine may be given, the spice renders the wine more stimulating and more acceptable to the stomach; spiced brandy may be substituted if the patient be accustomed to ardent spirits. Small quantities of stimulating medicines frequently repeated are best; instead of a whole or half tablespoonful, a teaspoonful of wine should be given & repeated every five minutes.

Stimulants may also be applied to the whole epigastrium; sinapisms are preferable to blisters on account of their more speedy action. The spiced plaster (v. p. 25) is an excellent application in this disease, as well as in Cholera.

If the stomach still resist, we must direct our attention to the rectum; anodyne enemata sometimes produce a very happy effect, a teaspoonful of Laudanum may be mixed with a tablespoonful of brandy & a little starch or mucilage. It is safer to give double the quantity of Laudanum usually taken by the mouth, in an injection; than three times the dose.

I was once summoned to see a patient in consultation with Dr Griffith; when I arrived I found a critical case. The patient was a young woman with malignant typhus, her stomach rebelled against every thing that was given. Anodyne injections were immediately directed, with spiced plasters &c. by these means her system was brought into a condition to bear stimulants & nutritious food; she recovered.

Cholera. Mott thinks that when cholera is conjoined w/ Typhus; powerful stimulants, as brandy &c are not proper; as far as I have seen he is correct; port wine is well adapted to this form; blisters, anodyne injections & spiced plasters are also useful; the strength should be supported by mild diet.

Pneumonia, is to be dreaded when dark sputa are thrown up with pain in the chest; it is not always inflammatory though dissection has shown it to be so in some cases; it is also inflammation of a specific kind. If the system react we should administer emetics, they often seem to have a considerable influence in removing pain; cathartics should then be given: blood may also be taken particularly by cups on the thorax; blisters should be applied on the affected part. The Dovers powder should also be given, or Opii gr iss, Ipecac, gr iss every 4 or 6 hrs. Diluents may be given in the intervals, & should a perspiration not be excited; saline draughts should be given or the Spiritus Mindereri: warm applications may be placed upon the part; or the patient may be exposed to steam by placing heated bricks in water, the steam will generally produce a free diaphoresis. Vinous stimulants may be given, or brandy in particular cases; wine whey is an excellent preparation. Serpentaria, & vol alkali are excellent in some cases made into a julep or bolus. In some of these cases a great prostration of strength comes on; sudorifics may be continued too long. Jos Scattergood of this city was reduced to a state of extreme debility, active stimulants were used, followed by a supporting treatment. The decoction of bark, Hughes's Tinct, and the vol alkali were given, with wine & a nutritious diet: he gradually recovered. There are some cases of Pneumonia Typhoides beyond the control of remedies; the lungs are disorganized ab initio. Had a patient who was coming from Abingdon, near Germantown he was seized with a chill: Dr Moore saw him in the

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evening & the next day he was gone.

In typhus fever, when no reaction has taken place, your views must be directed to elevate the system & support the action of the heart & arteries. but the improper use of stimulants is injurious; we should never be long without watching the effect of our remedies; the quantity necessary to elevate the system is generally more than is necessary to maintain it when raised. We have then a twofold object in view; to rouse the system by diffusible stimulants, & support it by nutritious food. The essence of beef is excellent in such cases; a tablespoonful is equal to a pint of chicken water; calves foot jelly, eggs & oysters are also beneficial, the soft parts of one or two oysters may be given every ten minutes.

The patient should never be allowed to sleep long at a time; it is often necessary in low fever to wake them at short intervals. 10 minutes

Del. Tuesday. May 15. 1827. —— " —— C. 22.

Lecture. XII.

I have found the spiritus Terebinth: advisable in some protracted cases of ~~yellow~~ typhus fever. Its greatest inconvenience is that it sometimes purges, opium may prevent this, I administer it in the form of Julep (v. p. 88) a few drops of Laudanum may be added, & 3ss given every half hour. If the system obstinately resist we should not continue stimulants, but try to produce a new impression; perhaps an emetic may rouse the system. I once saw a remarkable case in a boy in whom stimulants produced no effect, they were suspended & an injection given which produced a rise in his pulse. The discontinuance of stimulants requires discrimination; but in a weak low case, where

the system does not respond, a new impression should be tried.

You must take care not confound intoxication with debility; this state is sometimes caused by excess of stimulants in fever.

Extensive blistering is often injurious, exhausting the patient; blisters may be used with advantage as rubefacients,

Petechiae usually appear in an earlier stage of Malignant Typhus, than in yellow fever; a dark bloody sputum is also often coeval with the attack. Black vomit sometimes occurs & bloody urine is not unfrequent. Some cases from the commencement are beyond the reach of medical aid, & when ever I hear Physicians say that they have never lost a patient, I always doubt either their veracity or their judgment.

A child of I Bell, an only son; rode out with his parents several miles in winter; returned & dined with the family, very little indisposed; becoming more unwell, I was called at 8 P.M; his pulse was barely perceptible, he had coma & great dread of falling, which a very unfavourable, though not unfrequent symptom; he died before 6 o'clock the next morning; his sense of taste was completely palsied, & his skin was as spotted as a leopard.

Captain Leeson Simmons was in the habit of going to his store before breakfast, returning one morning he with difficulty reached home; Dr Dorsey was called in he bled him & directed a cathartic; I was called in consultation at 10 P.M, & while there he died. His countenance was malignant with dissolved blood issuing from his nose; the bleeding I would not have directed; but the case was probably hopeless.

In other subjects there is more energy of system; the human constitution is as various, as the human character; some families yield to the first attack of sickness, others resist with great obstinacy. Every practitioner is aware that at particular seasons of the year, diseases are determined ~~with~~ to certain organs of the body; hence cholera & dysentery are frequent in Summer, & Pneumonic affections in winter. Hence in winter Pneumonia Typhoides is so common. In this disease dissolved blood according to some oozing into the cellular texture, gives the appearance of inflammation; but in last stages of cholera the eye is red & the vessels injected, this does not arise from opthalmia but from relaxation of the blood vessels; the same red eye occurs in the last stage of Typhus; The spongy texture of the lungs & of the brain is more liable to this effusion than the skin. How does this blood become dissolved? Is the crasis broken down by excessive action? The same occurs in scurvy, where the exciting cause is always opposed to excessive action; blood may be dissolved by abstraction of vital power, as well as by the excessive action of lightning &c. This condition is not always fatal; Dr Winter & myself attended an old lady Eliz: Hilburn, who was not confined to her bed, but was petechial & spotted like a leopard, she however lived several years after. In Typhus the pulse is not strong showing excessive action; but the synochus is the most dangerous. The skin is generally cold & pulse weak in Pneumonia Typhoides when a dark bloody sputum is thrown up. Josiah Starkey of this city was seized with an hemorrhage from his lungs; it at last ceased: one he com-

+ The evacuations are generally hard & dark-coloured.

± a change of habits often occurs at the commencement of fever; thus tobacco is abandoned.

plained of feeling chilly, went to the fire & drank some warm coffee, when the haemorrhage was renewed with violence; his pulse was low, yet it was necessary to bleed him, as it was a case of active haemorrhagy.

On dissection the veins are turgid, but this is a fallacious indication of inflammation since it happens in every case of disease: it sometimes even happens in the living state. In some instances of Typhus, we have undoubted evidence of inflammation by coagulable lymph being found in the lungs, Black vomit was found in the stomach in some instances. The inflammation of Typhus fever is peculiar, possibly analogous to asthma; when depletion is improper, Opium, tonics & blisters are required. If the reaction in Pneumonia Typhoides be considerable, a little blood may be taken with advantage; emetics & cathartics may be also administered; & cups should be applied to the thorax. Del. Friday. May 18th. 1827 — 2c 28

Lecture. XII.

Of Fever in General.

The premonitory signs of fever are generally lassitude & dulness, & fatigue produced by slight exertion, loss of appetite, nausea, disturbed sleep, & not unusually constipation, sometimes there is a frequent call to stool but the evacuations are small, rigor & chillinesy often are present.

In the typhus which prevailed in the Prison of this city, constipation was the usual predecessor of fever, upon a purgative being given dark & bland faeces were brought away.

In the Alms house the cases were generally brought

III X balustades

from the long garret, the proper treatment was soon discovered the rooms were well ventilated, & the resident students were directed to go through the wards two or three times a day, & whenever any one appeared affected with nausea or listlessness, to give an emetic of Ipecacuanha, the cases were thus rendered much milder. Dr Rush used to exclaim how much good have I done in the forming stage of fever by pediluvium &c!!

I once had two patients very ill with nervous fever, they recovered, & after some times again exhibited the premonitory signs of an attack; as a prophylactic I blistered their wrists, & broke the chain of febrile action. [We will recapitulate the general treatment in fevers: evacuations of the primae viae are necessary, with general & topical bleeding in most cases; sudorifics should then be resorted to, should they fail; cold ablution as recommended by Dr Currie of Liverpool should be tried, when the skin is hot & dry with no chilliness, tepid ablutions in some cases may be substituted. Blisters should be applied not only as topical remedies in Pneumonia, delirium &c, but as general remedies when great nervous irritation with frequent sighing, tossing & restlessness is present. Tonics & Stimulants must be used according to my previous directions. In the intervals of stimulants, essence of beef &c may be given. The patients in low fevers are not unfrequently insensible to the calls of nature, a vast collection of urine is formed; in those cases the catheter must be frequently used without the physician's being decoyed by the urine coming away spontaneously when the bladder is over distended; I have seen the bladder resemble the uterus

*(tongue smooth & moist) if dry red & chapped generally fatal. (case of student in Alms-house)

in the 8th month of pregnancy. Dr Physick first called the attention of physicians to the importance of not suffering the limbs of children to be long in the same position, that permanent contraction may not be produced.

The parts subjected to pressure sometimes slough extensively, leaving troublesome ulcers, where a patient lies long on the same parts; we should frequently change their position & wash the skin with brandy which seems to harden it. Signs of Convalescence. The tongue is often an index, it is generally furred in fever & its cleaning affords the first sign of convalescence; it cleans in two ways, if slowly beginning on the tip & edges, the convalescence is gradual & speedy, if suddenly beginning in the centre, the convalescence is tedious & the paroxysms often return. There are however some exceptions; I was called to Jos P Norris in consultation with Drs Griffith & Fox; he had been ill with a lingering low fever, he had all the signs of convalescence except the cleaning of the tongue, Dr Griffith said we must wait for the tongue — it finally cleaned. Critical sweats are often the sign of convalescence, I recovered in this manner from the fever which I contracted at Col Howell's. The pulse should be reduced, when a patient recovers with a frequent pulse, I always suspect some internal mischief.

Constipation generally attends fever, & when an evacuation has been procured, it is dark, fetid & grumous. When the faeces become more natural, it generally indicates a change of action in the liver, & is often the dawn of convalescence; Dr Moore had a patient with perfectly natural

evacuations immediately before death.

The urine was much attended to by the old practitioners, though now rather neglected; Dr Bisten & Griffith paid much attention to it, when the fever abates, a lateritious sediment is generally deposited. Much depends on the expression of the countenance, this can only be learned from experience; I have anticipated the fatal termination of many cases, from a glance at the patient. In sickness men generally lose their relish for articles to which they were accustomed as tobacco: in convalescence old habits return. The desire of customary food at this stage is very common; a desire for bread is generally favourable, patients in fever often take food but seldom bread; hence an intelligent blackmore in the fever Hospital asked me why all those patients that asked for bread recovered. A patient of mine was very low with nervous fever, at last he incessantly called for milk & from that time recovered. When much delirium has been present & subsides, it generally is favourable; though delirium sometimes ceases immediately before death; In protracted nervous fevers, convalescence often takes place, before the mind returns ——— when the pulse is too rapid to count it is an unfavourable sign; Heberden says that he never had a adult patient, whose had been over 160 in a minute recover; the rule has been almost invariable with me. When Subsultus tendinum, or involuntary contractions of the muscles occur, the case is desperate; I was called in consultation to an amiable girl, & while feeling her pulse, I felt a tendon start, upon inquiry

— May. 23d. 1898 —

I found that she had been unconscious of the motion; I drew an unfavourable prognostic, & next day she was dead.

When the tongue is dry & chapped it is unfavourable; another kind of tongue which occurs in some cases, is deceptive & dangerous, it is moist but incased with a brown mucus, as if the patient had eaten currant jelly. The evidence from the appearance of the blood is very important; Conrad Ripperger cupped Dr Wistar, meeting me, he explained he will go, Doctor, he has blue blood; I never knew him to fail in his prognostic, when the blood was what he called blue.

Delirium in the latter stage of fever, particularly if it be maniacal is dangerous & generally fatal; convulsions are generally fatal. In yellow fever, & Malignant Typhus, Pneumonic inflammation was often alarming & fatal.

Torpor of the nervous system is a bad sign, as are also a disposition to slip down in the bed, and involuntary evacuations of urine & fæces which are generally fatal. [Del. May 22nd 1827 C. 28th.

Dying State. — The signs of this are similar in every disease, in chronic cases, the fluids condense & form a film upon the cornea; this is certainly a fatal sign. A peculiar kind of respiration accompanies this stage. The projection of the lower jaw is invariably a fatal symptom, generally death occurs in 20 or 40 minutes. I had been attending a little girl with convulsions; had bled her frequently, so that the parents were in the habit of sending for the bleeder at the same time as for me. Once was sent for, but found the bleeder before me, something unusual in her countenance struck me; I found her wrist pulseless, but violent action in her carotid artery. I then observed a sudden projection of the lower jaw, stopped the bleeder & had just time to warn her parents, when she expired.

Lecture XIV.

Fever – continued.

The opinion of critical days in fever has not been without advocate, from the time of Hippocrates to the present day; Dr Rush depleted liberally to prevent danger on the days of crisis. In relation to this subject we should examine the course of Nature. Let us take it in a common Intermittent, a Tertian. The patient is seized wh a chilliness & rigors, let us do nothing & see the result he goes to bed with a chill, which after a time goes off & his skin becomes hot, face flushed, with restlessness &c. After that a sweat breaks out, the third stage comes on, which in a short time entirely subsides. Here is a crisis brought about without medical aid. A physician does not cure an Intermittent; in the absence of fever he directs his attention to prophylactic measures which may prevent its return, How does this course differ in Remittents? We know precisely the laws, which govern them, in the fore part of the day, the remission allows us to make an effort on the system: should we not succeed the evening exacerbations will continue for some days; on the 3rd, 5th, 7th or 9th day a complete solution will take place

It may be asked if we can not cut it short? I would say, where the fever is fairly formed, the predisposition passed, I believe that in general we can not cut it short. We may moderate its violence, & conduct it to a favourable issue, but we can not generally arrest it in its course.

In Yellow fever, the most vigorous measures were pursued to arrest it; mercury was given ad libitum & bleeding was carried to excess. yet the treatment of Dr Mongle

with magnesia & chicken water was more successful. In 1805 a more simple practice was pursued, the lancet was seldom used, yet it was at least as successful as before. — Let us pass from Yellow fever to our autumnal fevers; is the plan of cutting them up by the roots preferable to using mild measures.

A gentleman commenced his medical practice in Lancaster County on the Susquehanna; he had written an inaugural essay on the unity of disease, a doctrine which he had learned from Dr Rush. A fever broke out on the Susquehanna; in this gentleman's practice, within a small circle 52 deaths occurred; he treated it by profuse bleeding met the disease with the lancet, & bled till life was extinct; he would allow no tonics, for they would aggravate the disease. In the same neighbourhood were men of inferior medical attainments, but plain plodding practitioners, who had all their lives practised in the same epidemic. In their hands it proved a moderate autumnal fever yielding to mild measures; they used emetics & cathartics, if much action resorted to the lancet; & bark &c: how fatal may false theory prove! Dr Mistan used to lament that many physicians imbued with wild theories became good practitioners only at the expense of their patients.

The case of Gilliams, the dentist is remarkable, as showing that the best directed efforts are unable to arrest the progress of fever in some cases. Gilliams is a stout robust man, & was attended by Dr Harlan who bled him twice freely; but notwithstanding this the fever went on he sunk into a state of debility; & was rescued only by the most careful attention from a protracted disease.

Dr Dorsey was attacked by a fever in the prime of his life; & was of a robust constitution; the most active measures were pursued ab initio, yet they proved unable to avert its course.

Another view must be taken of the subject, however humiliating it may be to the medical profession: I am far from saying that medical interference is unnecessary in fever; the judicious practitioner may be of essential service; he may guide the system to a favorable issue, raise it if it sink.

However Dr Trambidge an intelligent army surgeon in the late war, informed me, that in the service he had an occasion for comparing the success of art & nature in the treatment of fever; thirty patients were seized with fever, who were altogether beyond the reach of medical aid, yet they as well as those under regular medical care. You should not anticipate too often terrible symptoms before they occur; in the counties where autumnal fevers prevail, the mortality is not greatest in autumn, but in winter & spring among those who were broken down by the previous diseases. All that is necessary is to obviate local symptoms, & assist the operations of nature. c.29 Del. May 25.

Lecture XV.

Causes of fever.

Many hypotheses as to the cause of fever have flourished & passed away. Let us now candidly examine the fashionable doctrine of the present day, that of Broussais. He teaches that all fevers depend upon intestinal irritation, or inflammation of the mucous membrane of the stomach & bowels. Dr Rush supposed fever to arise from effervescent excitement;

Dr Armstrong from congestion of the nervous system; others refer to the lungs, or the brain. That all these theories are correct to a certain extent we have no doubt, in fever local inflammation exists but it is the consequent not the cause of fever; fever may be produced even by profuse evacuations of blood;

I was called to a lady in consultation with Dr James, she had had a severe flooding after parturition, her extremities were cold, pulse feeble like one dying, the next day she had fever, a hot skin & sufficient action in her pulse to call for the lancet, Dr James said that Dr Denman used to say that he lost more patients from the fever following uterine hemorrhage than the hemorrhage itself. In opposition to the opinion of intestinal inflammation, we may ask how can the inflammation pass off with the sweating stage, & how can it be removed by the prophylactic treatment by bark & wine, which have a tendency to increase inflammation. But dissection it may be said gives evidence of inflammation; I look to post-mortem examinations as affording us very important evidence, but it is of importance to know what morbid appearances are. Acted and suffused condition of the stomach may exist without inflammation. Dr Yellowly examined a number of persons who had been executed, yet all their stomachs presented the appearance of inflammation. Dr Leeds bled animals to death yet on dissection, serous ~~appearances~~ effusions resembling inflammation were found; the same result followed in the experiments of Drs Emlen, Gebhard, & myself on hogs which were bled to death, serum tinged with blood was ~~absorbed~~ effused into brain.

the stomachs of the hogs had the appearances of inflammation being covered with patches of red. In a letter from Dr Barry of India to Dr Magregor (Eclectic Repertory) it will be seen that blood percolates through dead tissue presenting the appearance of inflammation; this subject is interesting, as it involves the lives of our fellow creatures. Brouseais is mistaken in the opinion that fact support his theory. I should think that he makes facts bow to it, & in an instance which he mentions that death was caused by starvation instead of inflammation. The patient was taken with a second attack of fever rigid diet was ordered, the man to satisfy the cravings of nature procured food & concealed it under his clothes it was discovered & they became stricter than ever; he lingered 20 or 30 days & died. On dissection the calibre of the intestines were much contracted, the mucous surfaces were dark & livid; their own treatment defeats their intentions. Surgeons appear to understand our system better, if they find the removal of a tumour impracticable, they order that the patient should undergo rigid starvation in order to excite the hungry absorbents to consume; thus the Brouseais oblige their patients to support their enemy in their own diseased body. Another proof of inflammation say they, is the effusion of serum; I admit that this may occur in fever & end in dropsy but this is far from inflammation; it is owing to the inability of the absorbents to perform their office from weakness.

An apprentice of Gilbert Gaw in Front st fell from a

considerable height; his scull was fractured, the symptoms were those of a compressed brain, with the trephine I took away some portions of the scull; I had thus a window for viewing the brain, had there been inflammation in this case I should have discovered it if it had not been perceptible at the wrist, but everything was quiescent, the system never reacted. On examination Pt there was considerable serous effusion, this was not the consequence of inflammation but the last effort of expiring nature. It is a deposit of the arteries after the absorbents are too weak to perform their office. I have been surprised at the remarks of some of our Medical men on serous congestion after death. But does not this congestion invariably attend dissolution, when the balance between the arteries & veins is lost. I would rather look for the cause of death to the Nervous system; when there is nervous debility the blood is not impelled to the heart, & when the nervous power is entirely cut off, the heart ceases to act. — Death sometimes occurs in severe surgical operations not from any apparent loss of blood but from the severe shock given to the nervous system. We are too much disposed to look only to one side of the question that in fevers there may be inflammation I admit, but that it is universally the case I deny.

Dr Isaac Snowden a student of the alms house contracted a fever; in his case it was attended with much excitement of the brain amounting even to Phrenitis, hence the inflammation was unequivocal

He was bled freely to the amount of lbs ℥ – Recovered.
Dr A Coy had an attack of a similar nature, local & general depletion was resorted to, till the excitement was subdued. Recovered. These cases may show that I have no objection to depletion when the symptoms require it.
(See Gregory on Inflammation) Del May 29. eJ. 12.

Lecture XVI.
The Pulse.

Dr Rush used to say if ever he erected a temple to Medical Science, he would inscribe upon its portals, "Let no one enter who does not understand the pulse."

May not too much reliance be placed upon the pulse? of this I am about to speak; but before entering upon it I will premise these few observations. The Radial artery is most commonly felt, because most accessible, but in irritable children it is better to determine by the anterior or Posterior Tibial or the Temporal. The distribution of the arteries is different in different persons, the Radial sometimes rolling round the Radius. I have been deceived by this, finding a small branch you may think your patient in a most dangerous state, discovering the right branch you may find him with a strong pulse. The pulse will be found very different in different persons, in it is slow in some others very frequent & excessively irritable. It is very similar to the difference of tempers, this one may be easily excited & quickly soothed, another when incensed with difficulty governs

his temper though it may be difficult to arouse him, so it is with the pulse. In proof of which I refer you to my surgical lectures, to the case of a waggoner who had suffered a compound fracture of his leg, & had remained in that condition a considerable time without surgical aid, & without its having much effect on the circulation.

Dr Pitcairn of London was remarkable for great irritability of pulse, on a post examination it was referred to a slight ossification of one of the valves of the heart.

As in some dispositions the mind sinks under small misfortunes, while rise against adversity, so it is with regard to the heart & blood-vessels, & life may appear strong there when it is nearly extinct in the other functions. This may lead into considerable error, in Phthisis there appears to be inflammatory action to the last, & the Synochula is found in chronic complaints, as in the cases of Dr Potts & John Leyrch; in the last the small frequent & tense pulse was to be observed on the day of his death. Now did we practise as the Chinese you may conceive the danger to which our patients would be reduced. When physicians are called in China to a lady of quality, they are not allowed to ask her a single question but must determine from the pulse, the lady thrusting her arm through a hole in the partition.

— I wish to impress upon you the importance of distinguishing between an irritable & an inflammatory pulse. Some of these quick pulses it is impossible to reduce. Several years ago Chevalier one of my students asked me

to feel his pulse: it was active & bounding; This he told me was natural, & that when he was sick the Dr attempted to reduce it by V.S. low diet & digitalis, without avail.

I was called to a lady mother of Farmer, when I entered I saw death imprinted on her face. She had been taken with an Epileptic fit but her pulse was full, tense & powerful. I sat down upon the bedside, and as when I do not know what to do I always think you should do nothing. I ordered mustard plasters to be prepared, in order to give me time for reflection, before they were ready she died.

Rachel Dickinson aged 72, came under my care in a gradual decline; a few days before her death she was almost without nourishment, her mouth being merely moistened, the fluids on the cornea were condensed, & yet although in articulo mortis with a Hippocratic countenance, there was much action in her pulse & considerable febrile heat. A natural pulse may often be mistaken for a diseased one, of this I advise you to be on your guard & if the general health be good, it will be safer to suppose it natural. There was a patient in the Alms-house who was bled & took digitalis freely, in order to reduce his pulse I was satisfied that it was a natural one; in many irritable pulses soothing treatment is better than any evacuations. Dr Cristison used to relate that when he was a student at Edinburg several of them were trying experiments upon dogs: just after they had been bleeding one a physician of much experience came in, they asked him to decide from feeling the pulsation of the heart if the system was sthenic or asthenic; he pronounced it

June 3rd. 1828.

Sthenic! Thus in dyspepsia the nervous weakness causes the heart to palpitate. Persons of very reduced constitutions often acquire an extremely irritable pulse: I was acquainted with a Dr Anderson whose in a nervous weakness, would be as much excited by a drink of milk as others by a glass of brandy. The palpitation of the heart in cases of debility has often been mistaken for violent action. (c.32) Sel Friday, June 1st 1827.

Lecture XVII.

This much for the pulse appearing strong when it is the contrary, — but we can take a case directly opposite with equal correctness. I mentioned when treating of Typhus the case of a gentleman who was attacked with haemorrhage from the lungs, pulse very feeble but other appearances were contrary; constitution was strong, the countenance had not that debilitated appearance, the blood that flowed was florid, under these circumstances I employed the lancet with the greatest advantage.

Cases of this kind have occurred to me more than once, it is necessary to take in view the symptoms collectively & judge from the whole. In inflammations of the bowels or peritoneum the pulse is deceptive; look then elsewhere, as to the countenance, thirst & pain in the abdomen, especially if it increase on pressure. I was called to a young lady precisely in this situation. I directed some blood to be taken, the quantity to be regulated by her capacity for bearing it; on my next visit I found that the bleeder had taken very little, thinking she was too weak; but the symptoms continuing I determined

to try it myself. I opened a vein & watched her closely - at the same time frictions were used externally, - the pulse grew strong as the blood flowed & she recovered. Had I been guided by the pulse it probably would have terminated fatally.

While speaking of the tenderness of the abdomen in presence, I may observe that it may continue after all danger has ceased as in colic &c; but is different & requires different treatment from peritoneal inflammation. At the request of Dr Monges who was indisposed, I was sent for, to the wife of a French gentleman; I found her with much pain in the cavity of the abdomen, pulse appeared very feeble, I distinguished the last from the other appearances. I prescribed some mild things & repaired to Dr Monges; he being acquainted with her constitution told me I must prescribe for other symptoms without paying any attention to her pulse: the lancet was used - the blood poured out & the relief was complete. Dr Rush used to say, "when small vessels were affected it was a long time before the pulse sympathized; but when large vessels were inflamed the pulse instantly sounded the alarm. You will recollect I am an advocate for specific diseases; in the Sloughing ophthalmia I regulate the treatment more by the appearances than by the pulse.

1818 - Called in consultation to a nurse with this disease; one eye had already gone, & the other pretty far advanced. Having had some experience in this disease I instantly although the pulse was very feeble, had recourse to V.S. freely: pulse rose with it,

& the inflammation was arrested. The emotions of the mind have great influence over the circulation. A young lady told me she was sure she got an extra bleeding from feeling somewhat embarassed on the entry of the Dr. External heat will have a similar effect. One of my children was attacked with; his pulse too strong, I was about to bleed him — his mother remarked perhaps it was occasioned by the warmth of the room; I waited a few minutes, the room was cooled, it then was slow enough. — There is a practice adopted by some physicians, viz bleeding to prevent inflammation; for instance after performing the operation for cataract they will take some blood: but I think bleeding so far from preventing it has a direct tendency to promote it. This may appear a paradox — I thus explain it by the operation you produce a weak part; & by B.S. you increase the irritability of the system & it naturally falls on the weakest part. — Some of the most violent inflammations have taken place in constitutions, previously broken down by debility.

Copied. June. 24th. 1827

Cholera Morbus

Consists in the vomiting & purging of bilious matter, accompanied with spasms in the bowels, limbs & sometimes abdominal muscles. I have seen the sunken eye & shrieking voice, feeble pulse, cold clammy sweats, insatiable thirst for cold drinks, yet if indulged in, almost always injurious, come on in a few hours. What thou doest, do quickly is a very appropriate maxim in this complaint. Free dilution with mild drinks is necessary,

— Chicken water. Take a chicken, cut it up, mash the bones, boil it for a little while in a gallon of water, to which add a little salt, & strain for use.

Sydenham recommends as an excellent remedy chicken water
Gis with mint tea may be administered plentifully if not
retained; it seems to dilute the bile & render it less irritating.
The effects of cholera may be I think prophylactic, but continu-
ing long it proves too severe for the system. Nature in
thus appearing a rough Dr, whose motions it is necessary to
watch; when she is discharging bilious matter by the
mouth & stool it is not ~~necessary~~ safe to check it immediate-
ly: but the greatest attention must be paid.
It is a disease which generally prevails in warm weather,
affecting both sexes & all ages, but it more fatal to infants; in
adults when idiopathic & under proper treatment it is seldom fa-
tal: in adults its attacks are sometimes sudden, but generally
the symptoms are felt several days previously, as spasms in the
bowels, cramp in the limbs, a feeble pulse & a craving for cold
drink. — I have been surprised at its rapid effects; I was
called in consultation to the wife of a German, who had been
attacked on the preceding morning with profuse vomiting & purg-
ing: so violent was it that her strength was exhausted,
countenance shrunk, her eyes sunk & voice stridulous.
In such cases no time is to be lost, the treatment must be
according to the violence of the disease. But in
common cases where there is vomiting & purging but not
that prostration of strength; simple treatment is best, & one of
the most useful things is the liberal use of chicken water,
& continuing its use even if thrown from the stomach.
Lifrot says it is a disease to be cured by drinks: but in
addition if the evacuations be profuse & the patient loses

+. The following formula I generally use.

℞. Sal: Tartari — — — ℥j

Aquae: Menth: ℥iv

Tinct: Opii. —— gt. LXXX

Sacch: Alb: 2.S. facere dulcem solutionem.

Signa. Tablespoonful every half hour till relieved.

strength; recourse must be had to other things. Take care that you are not led into an error; remember the intestinal tube may be contracted by spasm. I have seen the muscles contract so that the patient will scream with pain, this may take place with the muscles of the intestines. Beware of confounding this with inflammation as peritonitis — I will say something of our resources. — External heat may be used advantageously by means of flannels wrung out of hot spirits, to which some pepper has been added. Sinapisms applied to the stomach are among the best remedies, they are also useful on the extremities. In violent spasms Laudanum gt XXX, repeated every ½hr till gt XC have been taken may be used; I do not repeat this so frequently as some to relieve pain, as the patient may be destroyed. Dr Mistar was opposed to its use except as a dernier resort, he thought it paralysed the bilious secretions, hence he preferred the spiced Brandy f℥j repeated frequently till the pain was relieved.† ⅙ or ¼ gr Calomel may be given in the beginning with chicken water. I never saw a case requiring V.S. Stimulating frictions are sometimes necessary in the low forms. Tepid drinks are better than cold. The thirst in the prostrate forms is diminished by stimulants. Saline draughts lime water, & Seidlitz powders when the bowels will bear evacuations. If cholera be arrested too soon a morbid fever mostly arises; but when the system is manifestly sinking under the profuse evacuations, it will be necessary to choose this as the lesser evil: fever is preferable to those extreme evacuations, at the same time allaying spasm by means of opiates. After it is arrested, it will be necessary to prevent bil-

cous accumulations & aid the debility of the bowels — for this purpose Rhubarb with magnesia may be used. Seidlitz powders, Compound of gining in the effervescing state. Sometimes evacuants may be given combined with tonics as Calumbe, ginger &c. Diet should be plain & nutritious. — These are for the common forms, — different cases may require different treatment. Calomel may be given in small doses where evacuants are required. There is another remedy I have seen prescribed with great advantage. Called to a case where there was some prostration, feeble pulse, clammy sweats on the extremities, evacuations not alarming but great debility having supervened without any thing to explain it, pulse barely perceptible at the wrists, thirst insatiable, bowels constipated. Dr Physick saw him with me, wine had been ineffectually tried; he proposed Spt. Turbinth; it was given in doses of a few drops & the patient was restored. This is a remedy which may be used with advantage especially in cases where others fail. —— I wish to impress upon you the importance of distinguishing between different diseases. Dr Chiston said the most important consultation he was ever on, was a case in which the patient had an attack of what the Dr a young man thought was dysentery & was giving Ol Ricini: After Dr Chiston had made his enquiries & ascertained the nature of the disease they retired; Dr C told his colleague it was cholera the treatment was changed & the patient recovered. In extreme exhaustion, if the desire for cold drink be gratified, it generally does, though to this there are exceptions. A child had been attacked by cholera, it resisted all means that could be tried to allay the irritability of the stomach.

h. The mean average height of the Thermometer from May 30th to August 30th. In 1818 at 12 o'clock was 77°, the number of deaths from Cholera was 134.

In 1819	Thermom	78.30	deaths	170
1820	do	78.20	do	202
1821	do	77.	do	138
1822	do	77.	do	173
1823.	do	76.20	do	206.

Dr Wistar told me to try a teaspoonful of cold water given frequently: it was done the irritability was allayed & the child finally recovered by going to the country. As to the C of the Indies I can say nothing practically. A surgeon who had been on board the constitution told me, that after they had they had left Barrington, Johnson's work was recieved there & sent by express after them: he recommends bleeding freely in the first stage: when they were within the tropics it broke out & a fair trial was given; but it was unsuccessful - numbers died. Information was requested of the physician of the British troops but he could give none.

Lecture X

Cholera Infantum.

Vomiting & purging of infants, known commonly by the name of Summer Complaint. Extreme heat in crowded situations is its chief cause & irregular diet may increase the liability to an attack. It is not more prevalent in the latter part of Summer than the beginning, if the heat continue uniform. The year 1806 was remarkably healthy & free from this complaint & I attribute it to the extreme coolness of the air. I have remarked a few days of heat a cold would make a great difference. To children this is generally a fatal disease, especially if worn down with previous suffering: Now let us enquire the reason? In infantile life the temperature is greater than in adults, & to this is added the heat of summer: it seems to affect them particularly in ranging thro' the streets & alleys of a sultry morning, you will see the infants reclining with their heads on the breasts of their mothers, with little anima-

tion, arising from the confinement & heat of the previous night. Another cause is dentition, this in a natural state is accompanied by diarrhoea, seemingly for some good purpose, but cholera may be added & is much more severe. It appears like attempting to remove an inflammation while there is a thorn yet sticking in the wound to attempt to cure cholera, in hot close filthy apartments & in hot weather too. Hence children thus exposed when affected stand little chance of recovery, some die in a few days convulsions coming on: others linger out several weeks & die of exhaustion, their eyes suffused with blood, the blood percolating them from extreme relaxation.

Having given the outlines I will speak next of the treatment, at one time having many obstinate cases, meeting Dr Griffiths, I asked him what was to be done, he replied "Lance their gums & send them into the country". This I hailed as excellent advice, but it is impossible to put the latter part in practice among the poor: though there was lately in the neighbourhood of the city an establishment where poor children could enjoy the salubrious air of the country. But we must consider cases when this cannot be accomplished. Let us suppose a case — Symptoms — cold skin, shrunk neck, weak pulse: in the first place commence with chicken water; but if you cannot get them to take in sufficient quantities small doses of Seltzer water will be found very grateful. I have it generally put up in ℥ss vials, or the soda powders may be so divided as to be given in small doses. If the stomach reject this, resort must be had to external

1. ℞. Magnes: ust:
Pulv: Rhei
Tinct: Opii:
Aquae Cinnam.

2. ℞. Sal: Tartar: ℥j
Pulv: Gum: Arab: ℥j
Tinct: Opii gtt vj
Aquae Cinnam. ℥jss

Sig. ℥j every hour.

3. ℞ Pulv: Cinchonae opt ℥ss
" Cinnam: ℥ij
Aquae Calcis. ℥viij.

S - ℥ij several times in a day.

applications. The spiced plaster will be found of great service, in preparing it for children leave out the pepper or add it in small proportion; & also to change the secretions of the intestinal canal & bile I have used the Syr: Rhei: a teaspoonful every 2 hrs till the discharge is colored. Calomel given in 1/6 gr doses till several grs have been taken is highly recommended by Dr Miller. If the feet are cold & clammy, put on woollen stockings, attend to keep up the warmth of the extremities, & at the same time admit the free access of cold air. Lancing the gums will often remove the irritation of dentition. A blister behind the ears I have found of great advantage; it is an application I learned from nature: I observed that generally when a child was teething sores were produced behind the ears. When I commenced practice I endeavoured in some instances to dry them up, & if I succeeded, it produced unpleasant symptoms; noticing this afterwards when I had difficult cases, & these sores were not present, I imitated nature by applying a blister & with happy effects, afterwards continuing the discharge. In recent & low cases blisters applied to the wrists & the use of Rhei: & calomel are proper. When there is spasm of the bowels supposed to be attended with acidity, Dr Mitchell the annexed formula[1]. I am also pleased with the following.[2] A cretaceous mixture may be used with advantage, taking care not to arrest the discharges too soon. The system should be supported by nutritious diet, as ess beef, given in small quantities & often. Dr Mister recommended milk punch made with good brandy. As the first symptoms subside, this formula may be used,[3] also

good port wine. Dr Chapman recommends the decoction of dewberry root but I have never tried it. When it is impossible for the patient to go in the country it was my practice, to tell their mothers to take their work to some of the public squares, & keep their children in the air all day. Or if they lived near the Delaware to go & take them into the shade. Mr Duran wished me to give him some advice to preserve the life of his child they had lost six with the bowel complaint. I found they had been in the practice of feeding them on rapid aliment, thus keeping their bowels debilitated: supposing the milk of the mother bad, I directed that a nurse should be procured, & that she should refrain from rapid articles & take ginger-tea. That in warm weather the child should take some aromatics, wine & animal food. This completely succeeded, very frequently I was called, they thought they could perceive incipient disease; they wished to know whether any medicine ought not to be given, but this I steadfastly rejected. Retiring to the country, itself will often cure them when in the last stage; one of my children was so low, my acquaintances advised against taking him out of town thinking he could not live during the journey, — but I thought if he died it mattered not where, so we took him to Burlington, & it was with extreme difficulty we could preserve life during the journey — he was laid on a pillow & fanned the whole way — that same evening while lying on the lap of his mother signs of returning animation appeared, Recovered It sometimes assumes a chronic form with great emaciation & debility, when in this state some striking facts have occur

red of their recovering from indulging their appetite – they are generally inclined for salt food. Dr Loiston related the cases of several recovering by these means. One was carried into the room where its parents were dining, & took a notion to have some of the black skin of the ham, it was given to it & it recovered. Another was anxious to have some butter, it was gratified & soon recovered. One was reduced to a very low state & denied some salt herring, & would not be satisfied without one continually at its mouth, recovered. Dr Loiston used to tempt them by placing things they were fond of in sight – but some had no inclination at all to eat. I have ordered then the esp of ham ℥j at a time, & I think with advantage, also esp of beef & madeira wine. – In some there is a vociferousness perceptible which is an unfavourable symptom; an aphthous mouth is also unfavourable, but the worst case I ever saw recovered – in this line water & bark was used as a gauge. Dr Griffiths found much benefit in the use of scalded lemonade. In the first stage absorbents earths are wanted but in the latter stage there is no need of them – acids are better. Essence of beef, bark jacket, flannels applied to the surface, endeavouring to preserve the warmth of the skin, at the same time fresh air are useful. —— Cholera is not an inflammatory disease that needs V.S. nature takes the lancet in hand & often depletes too much; but when there is much irritation from difficult dentition a little blood might be taken with advantage; when the skin is cool, neck shrunk, prostration &c, no lancet is necessary. —— To prevent cholera as heat & crowded situations are its causes, I would say

sleep with the windows hoisted: this may startle some but I have seen advantage derived from it. Compare two children, one has been sleeping in a feather bed, perhaps between its parents & several others in the same room with closed windows: in the morning, the atmosphere of that room will be almost sufficient to suffocate a person on first entering – the child will be listless, all its animation is gone, & it appears on the verge of an attack of cholera. The other which has been sleeping on the floor with a draught of air thro' the room will be in perfect health & spirits. Let children sleep hard & cool during the night. Diet is also of great importance, improper food deranges the bowels. Mild nourishing diet is best, rapid food predisposes, administer a small quantity of wine. I have been in the practice of lancing the gums before they become very turnid, thus saving the child much pain – some mothers object to this, thinking it makes the gums hard, & they cut their teeth with greater difficulty, but it is the reverse. The cold is a prophylactic, giving tone to the system. Cop. June 27.

Dysentery

Is an inflammation of the mucous coat of the intestines. You may enquire what proof have we of it? I say by referring to symptoms. In inflammation of the Schneiderian membrane we have first that thickening, then an increased secretion of mucus: also in inflammation of the lungs, mucous matter is thrown off, & sometimes tinged with blood. This is especially the case in Pneumonia, towards the latter stage there is considerable expectoration of dark bloody mucus; when it terminates favour-

ably, this is so much the case, that the inexperienced practitioner may suppose V.S. necessary. In the alvine canal there is the same thickness & from the bowels the same mucous discharge. Inflammation of the serous membrane is more dangerous than that of the mucous; this last carries the lancet with it discharging great quantities of mucus; this may be tinged with blood owing to the mouths of the vessels being opened by the slightest abrasure. Dysentery is best understood by the country Drs; for there it frequently prevails epidemically & is sometimes very fatal, but in the city we have never had an epidemic of this kind. The fatality that has attended it in some neighbourhoods is I think owing to some other disease being joined with it - thus it may be associated with bilious fever. In one part of Chester Co the mortality was as great as that of the yellow fever in Philada.

The Symptoms are pain in the bowels, inclination to go frequently to stool, evacuations small & discharged with much pain, stools mucous tinged with blood, sometimes having a curdled appearance, called by the vulgar that of scraped guts. these increase if not checked by proper means & the patient dies sometimes in a short time. I have known death to follow in 5 days; it sometimes assumes a chronic form especially with persons going from the north within the tropics. It sometimes comes on with rigors but this is not always the case - sometimes is ushered in with an active pulse, requiring the lancet at other times the contrary. It is never attended with soreness on pressing the abdomen like inflammation of the peritoneum. I ground my prognosis upon the impression made by medicines upon the canal in

producing natural stools, especially if the pulse be good & the patient free from erythematous tongue. I consider dysentery a febrile disease of the system combined with an affection of the mucous membrane. In some cases there is a strong pulse this I had rather meet with than the frequent, feeble but malignant. When a person is attacked instead of endeavouring to procure evacuations, finding they are obliged to rise 5 or 6 times an hour, thinking they have a violent diarrhoea they take astringent medicines, such as burnt Brandy, spiced wine &c, expecting by these means to stop the lax. Hence when called the first thing is to ascertain whether dysentery or diarrhoea is the complaint: in the latter there is also that frequent inclination to go to stool & the discharges is attended with some pain - but it is copious natural & attended with some relief, in this differing from dysentery.

Treatment

When the pulse is strong use the lancet; but if weak, should it be necessary to bleed do it sparingly. I have seen leeches of great use applied over the part where the pain & inflammation are situated. The first object to be attained generally is to unlock the bowels: in common the mercurial cathartics are at first best, following them with the milder ones as Ol: Ricini - this may be given in as large doses as the stomach will bear without injury. If the stomach will not bear this Epsom salts may be used, their effects will be increased by combining with a small portion of Ipecac: or Tart: antim: . If the stomach be very irritable an emetic may first be given, then a dose of Calomel & Jalap,

+ ℞ Pulv: opii gr i - ij - iij.
Ipecac: gr. iss.
Cal: pprt - gr. X.

following it with Epsom Salts ℥j every hour till a passage is effected: at the same time an enema of Laudanum & starch to allay the spasms, mucilaginous drinks ought to be used plentifully a decoction of mint & mallows, or a solution of Gum arabic. An evacuation is generally obtained in 24 hrs. The patient may then take some rest, an opiate may be given accompanied with a cathartic & something tending to the skin, for this purpose I have given at night the annexed.+

These are for the early stage — salts given in Soda water will have a good effect, a ℥j Sulp: Magnes: divided into 4 doses, to each of which add Tartar: gr j.

Other cases may require other remedies — the oil of butter prepared by washing the salt from fresh butter with cold water, then pouring over it hot water, skimming off the oil & giving it in doses of ℥ss is very useful — it is a nutritious laxative allaying irritation — In some cases it is necessary to combine tonics with cathartics; for this the infusion of Kent & Rhubarb, Ginger & Castor oil, Calumba &c. Dr Griffith combined Ol: Ricini with an opiate in the oleaginous mixture.

In the early stage great advantage may be derived from bleeding either by leeches applied over the abdomen, or blisters to the same. Blisters have been applied to the wrists in bad cases with advantage: in applying blisters to children it is necessary to remove them sooner than in adults on account of their restlessness. The warm bath is a remedy I hold in high estimation: it was proposed by Dr Emlen, & may be used several times in a day, the patient remaining in as long as comfortable, it relaxes & fa-

vous the operation of the medicines.
It might be supposed that purging was unfavourable to inflammation of the mucous membrane, but experience has proved the contrary though it has its limits. Sometime ago attended the wife of a gentleman, whose system sunk so low that cathartics were left off & endeavours were used to support her system. Wine whey was given & wine itself opiate to allay spasm & nutritious diet: a gentleman Dr lived in the neighbourhood & insisted upon using cathartics, we resisted her system finally reacted, bowels opened, recovered.

When D is combined with Intermittents bark may be used with great advantage curing both. Dr Gardner near Darby when Dysentery was epidemic there used bark with great success — he then supposed that al dysenteries might be cured by it but was mistaken.
I have known the stools to change assuming a bilious appearance — the patient dying shortly after. Sometimes you may be flattered by the stools assuming a natural appearance when upon a suddenly withdrawing the medicines their old nature will return. When attacked myself I found the greatest relief from cathartics. Mucilaginous drinks have a good effect. Some Drs have great dread of opium but for my part I do not know how I should get along without it. Dr Cole told me that if he wished to procure an evacuation, he could do it more readily by giving an opiate the night before. Dr Physick says there are no medicines able to cure Dysentery, if any thing will relieve it, it is free D.S.

+ The use of flannel very useful if D continues.

Spt: Terebinth: has been highly recommended, tho' in Walin's family it was fairly tried on three children by Dr Physick, yet they all died. In the latter part of an attack of Dysentery the anus may become excoriated, by the discharges & the frequent use of the injection pipe — this will cause much pain there & also in the neighbouring parts thro' sympathy, it will be well to suspend this if distress continues after the discharges are natural — the applications found most useful are opium mixed with lard or Laudanum with lard. The diet should be of mild farinaceous articles, though some practitioners allow flatulent food. Tifwt gives ripe fruit.

Copied. June 28th 1827.

Chronic Dysentery.

You will frequently meet with this & chronic diarrhoea. In dysentery the system becoming in some measure habituated to it, patients may live weeks & months before they are worn out. In 1820 I was called with Dr Atlee to an infirm officer of the frigate Constitution, who had had it for 8 months: various remedies had been tried without relief. I observed the great want of heat & action in the skin & to restore this I considered the first indication — the warm salt bath was advised to be used daily — the functions of his liver being disordered 10 gr. Calomel was ordered every two has every other day, till 9 j were taken; on the intermediate days ℥ss infus: Rhei & cascarillae which I highly esteem in these cases — this course was continued till the discharges became natural. Flannel was applied to the surface — by this treatment he recovered in a short time. Dr Hays practice of applying

ing a flannel roller to the whole surface, I think excellent. Diet is of the utmost importance a little irregularity may even on a recovery produce a relapse, though to this there are many exceptions. A lady from the west had been afflicted with C.D. for a long time: she had been treated in the country in the way from which relief is usually expected: the greatest attention had been paid to her diet she abstained most rigorously from all fresh fruits & vegetables, but still her disease continued: before she called on me, she indulged her inclinations & ate freely of fruit. I was called & advised her to abstain, but she told me she had tried it in vain, & that she felt rather better under a contrary plan - this she pursued & recovered.

Chronic Diarrhoea is more frequent than dysentery, the discharges are frequent & profuse, all aliment is soon carried off, great emaciation and want of action on the surface take place. To exemplify it I will relate a case attended by Dr Wood & myself. John Cooper a merchant of this city had an attack of hepatic colic, from which he was relieved by a mild course of mercury: in the fall of that year he went to the west on horseback, on the road he lived very irregularly, sometimes eating 2 meals a-day, & exposed to all kinds of weather & much fatigue. A disease was produced, severe, protracted & dangerous - on his way he was forced to apply for medical aid, but without much relief: when he arrived in the city he applied to Dr Wood, this was Feb: 1819, complained of much pain above the pubes, bowels irregular, urine limpid & in excessive quantities -

the Dr gave some directions & did not see him for several days, in the interim by the advice of his friends he took several strong purges: the Dr was again sent for - his discharges were excessive he rose perhaps 20 or 30 times in the course of the night, his evacuations resembled Tar: they had the appearance of being mixed with dissolved blood: he complained of great pain in the back & bowels & knees - so great was it in the last place, that he thought he wd rather suffer amputation if it would relieve him than endure it: pain above the pubes was gone, had much flatulency appetite not destroyed, tongue furred, his discharges of urine had given way to his diet - pulse seldom slower than 100 he was somewhat hysterical - emaciation so great his bones appeared to be projecting thro the skin at his back & hips - it seemed surprising that in such a skeleton the bowels could secrete the quantity they did: He was put on a diet of beef, mutton, oysters, eggs & rye coffee, fresh fruit & vegetables were entirely laid aside: to correct the functions of the liver, calomel was given 1/4 gr every 1/2 hr 'till gr iij were taken - an opiate was ordered at night but it disagreed with his stomach. Oil of Butter was given ℥ss every 2 hrs every other day, (calomel being given on the alternate days): this gave some relief for the first few days but his stomach then rejected it: a blister was then applied to the abdomen - this gave so much relief that an opiate could be taken - as this blister healed another was applied. The warm salt bath was used with the greatest advantage, when first used he was so weak as to require support in it: at night gtt XXX Tinct opii were taken, the bath operated wonderfully in the course of a few days, the evacuations assumed a

+ ℞. Test: bst: ppt ℥vi
Pulv: Gum Arabic.
Sacch: alb: aa ℥ij
Tinct: Kino: ℥ij
Tinct: Cinnam: ℥j
Tinct: Opii gtt. LX
Aquae: Fontan: ~~℥iij~~ ℥v
Sig: ℥ss 1, 2 or 3 times a day.

natural colour. Astringents were then used, infus: Gallar: in brandy, infus: Cascarill. &c. Recovered. Afterwards he had one or two relapses but was restored by the same remedies.

From this case you will see the necessity of first promoting the action of the skin by means of warm bath, flannel to the surface, flannel socks, if necessary Cayenne pepper may be put in them: also of attending to the liver if that be deranged, Calomel may be given in small doses attended with tonic & Laxative medicines — for this Rhubarb stands preeminent: but astringents hold a distinguished rank. Spiced Rhubarb though not purely an astringent is much employed in doses of ℥ij with gtt x Tinct: opii. Syrup of Galls prepared by taking of Gall ℥ij; French Brandy ℥iv put in a cup with some loaf sugar laid over it on some sticks — this is set on fire & burned till the alcohol is consumed: when that sugar has melted down supply its place with more, ℥ss ℥ij for a close. Tinct Rhno — Tonics with astringents, for this the infus: of Cascarilla will answer in doses of a wine glass full 6 or 7 times a day a pure tonic Quassia & Columba are all very useful.

Before the case of Cooper a bargee applied to me, the same remedies were used except Calomel, with success. I think I never had a more satisfactory case. He had had much done for him in the country & to the westward without effect: he came here much discouraged: his discharges being natural, cal was not wanting.

It is important to distinguish between organic & functional derangement of the liver. but of this I will speak when I treat of Dyspepsia.

The tertaceous mixture + with Laudanum is very useful in diarrhoea. An old lady applied to me she had been labouring under this complaint several yrs.: she was not much debilitated

Faire

her system had become accustomed to it but still it was extremely inconvenient. I regulated her diet & put her on the testaceous mixture. This stopped it rather suddenly I feared dangerous consequences might ensue, particularly at that time of life when the nerves usually subside. I warned if she felt any disagreeable sensations, particularly an uneasiness in the head (the precursor of Apoplexy) immediately to stop the medicine & invite back the discharge from the bowels: but all went on well. — The decoctions of Galls & Logwood are good astringents, I have tried the Pomegranate but it did not please me. After the heat & action of the skin has been restored, & the functional derangement of the liver corrected, & astringents given to restrain the discharges with anodynes, we must regulate the diet or generally we will fail: all kinds of fresh fruits or vegetables even potatoes must be laid aside, living chiefly on farinaceous articles such as rice simply boiled, rice-milk or pudding the rice being first well boiled. The French prepare a Crême du riz by putting rice in a considerable quantity of water, boiling it several hours then rubbing through a sieve; a little salt sugar & nutmeg may be added, if the patient desire it: rice may be beaten up with water, & may be eaten with milk grating some nutmeg over it. Rice of itself has astringent properties. Tapioca, Sago, Crackers may be used; some also are cured by the use of milk, in one obstinate case the patient drank freely of new milk with a nutmeg grated over it with great advantage. Sometimes I order the milk to be thickened with flour burned in the same manner as coffee. Some boil the flour tied up in a bag till it becomes hard then grate it into milk this has a good effect especially if aromatics be added: solid

animal food will suit some, such as boiled beef chicken or mutton.

Dr Mistar was subject to attacks of diarrhoea it soon made a surprising alteration in his appearance; he told me returning home late at night he ordered some ale – it was brought & though he found it somewhat hard & sour, he drank it; his bowels feeling comfortable under it, he repeated it & was cured. Sometime after attending Patchers, whose disease not giving way to remedies, he prevailed on him to try the ale, which arrested the diarrhoea. He had a second attack & came for more of the bro ale.

Dr Physick related a case cured by the use of hard cider in the day, & Hartz Tincture of Rhubarb with Cardamom Seeds at night.

On the whole I will repeat the general observations:

1st Attend to restoring heat & action to the surface & extremities.

2nd If deranged correct the functions of the Hepatic system.

3rd Check the discharge by astringent medicines.

4th If there is irritability, allay it by anodyne & opiate enemata.

5th Attend most scrupulously to diet, for on this depends in a great measure the success, remembering at the same time ~~affections~~ exceptions may arise. I would advise you to pay attention to the pointings of nature though they may cross your path: on this point I think medical men frequently err.

G.C. June 30th 1827 – Del. June 29.

Peritonitis or (Enteritis.)

is an inflammation of the peritoneal covering of the bowels. It has recieved various names according to the part that the inflammation seizes, whether covering the liver, the cavity of the abdomen or the intestines; but I consider them all as the same disease since the same membrane is affected. The inflammation of the serous membranes is essentially different from that of the mucous: in the former the blood-vessels throw out lymph which produces adhesion among the intestinal tubes – it is much more to be dreaded, here there can be no discharge; there is no back-door where the vessels can relieve themselves, or free the patient from immediate danger, in this somewhat resembling the brain. — It is rarely idiopathic, much more frequently occurring from blows wounds or puerperal fever. But the kind of which I am about to speak is purely idiopathic – it is attended with fever, pain & distress in the abdomen, much tenderness on pressure, pulse very deceitful as I mentioned when on that subject. In the case of a lady formerly attended by Dr Monges, pulse was very feeble, but it was disregarded, & the lancet used frequently & freely, she recovered, & also in the case of a young lady: — much tenderness of the parts will not warrant V.S. It may arise from Dyspepsia, or Colic caused by flatulency – it requires the greatest delicacy to decide: if it occur in a dyspeptic patient especially if it occur after eating vegetable food, beware of using the lancet – but suppose the patient had been taken with pain in the bowels, tongue furred, with con-

siderable thirst & heat, great anxiety, & distress of stomach, these symptoms continuing for some days & then the patient is relieved from pain – this you may take for granted, is Peritonitis: & again the inexperienced practitioner may be mistaken thinking the violence is past & all danger over, but the skilful P. will observe the cold clammy sweat Hyperocratic countenance, weakened pulse & the patient decidedly sinking; he will find it to be his duty to warn the unsuspicious patient & family of what is about to take place; for mortification or suppuration has occurred; but it does not always terminate in this way sometimes the pain will continue to the last, I have had several cases of this kind here instead of mortification you will find an effusion of lymph. It sometimes approaches very insidiously in one case I was not called till the fatal termination was about to take place.

<u>Treatment</u> – The lancet is indispensible to a great extent: the bowels also should be unloaded. But what cathartic should we employ the mild or drastic? So far I have depended on the mild ones as neutral salts or Castor oil, accompanied with demulcent drinks, & warm enemata of barley water, flax-seed tea &c. On the other side of the Atlantic good effects have been derived it is said from the use of Spt: Terebinth: the modus operandi is that by stimulating the lining membrane, it increases the secretions & thus acts as a depletant. I have the same opinion as to the action of Senega in Croup. Bleeding is freely employed here, fomentations may be applied according to the feelings of the patient, if agreeable continue them. Cups & leeches are of importance,

& blisters should not be omitted: some are fond of bathing with Ol: Tereb: but I prefer the Cantharides in blisters to the abdomen. These are the general remedies practitioners must use them at their own discretion — the warm bath has sometimes been useful by promoting the moisture & softness of the skin. Case. The wife of E. Wilson was delivered of her second child about 6 weeks previous to her death; all went on well under the care of Dr James, about that time she was taken with tenderness in the abdomen; the Dr ordered her to be bled several times & some cathartics to be given — she improved — rode out — the Dr wished her not to repeat it unless she felt better: the next day she rode out again, on her return had a good appetite, — ate a hearty dinner, — among other things beets & vinegar. At night she was taken with Colic, the Dr endeavoured to open her bowels & allay the pain of the stomach & intestines — about this time I was called, pulse frequent with bilious & stercoraceous vomiting, tumid abdomen, tongue moist & natural, very restless, I proposed an anodyne enema, & the steam bath, from the vomiting I suspected Hernia, but on examination it was not the case: to procure an evacuation the purging pills were continued. At night, no better, though the bath proved grateful, & the enema relieved her in some degree: afterwards perspiration broke out & there was total absence of all pain; the strength appeared evidently to fail without the symptoms declining. Her bowels continuing obstinately costive, various enemata were resorted to: Cal: & opium were ordered — the next morning she appeared nearly void — pulse barely perceptible, intellect perfectly clear. About 2 o'clock, 20 hrs after I first saw her, she died.

on examination a universal adhesion of the intestines was perceptible — some lymph was effused in the cavity of the abdomen; the cause of the constipation was evident, the intestines being agglutinated, the peristaltic motion was stopped & of course, the excretions. ——— In the case of a son of Mr Hallowell I was not called till medical aid was unavailing — for a week previous he had complained of pain in the belly, but not so severe as to confine him: when walking he bent forward considerably & pressed his hand on his stomach — his parents were not aware of his danger till a short time previous to his death. Soon after my arrival the pain subsided, the pulse sunk, cold clammy sweat & the Hypocratic countenance indicated approaching death. On P.M. examination the appearances were very similar to those of the last case — the adhesions were not quite so extensive but there was more purulent discharge. A short time after his brother was similarly attacked, the lancet happily was used & the disease arrested. ——— Feby. 5. 1811. I was called to a servant girl of Mr Alsop, who had been troubled with a cough some days previous; ~~Jany~~ 31 she complained of pain in the abdomen, the night previous to my being called she was attacked by a violent vomiting, with great pain & tenderness to the touch & sympathetic pain in the shoulders & back, countenance disturbed, tongue moist, breathing rather laborious, pulse frequent & somewhat contracted, bowels constipated; I ordered Ol. Ricini ℥ij every 2 hrs & ℥x blood to be taken but the symptoms were unabated — continued the oil, an enema was used & F.S. ℥xvi, the painted when ℥x had been

taken, symptoms continuing, a blister was applied to the abdomen — oil given through the night, next morning found her asleep, during the night had been restless: no better at 12 o'clock & in addition there was strangury. I then ordered the infusion of Senna with Soda in it, a cup full every hr: as her bowels were still constipated at 10 P.M., wrists cold, pulse sunk, tongue clammy & brown, was restless & thirsty — directed the warm bath, the blister to be removed, & instead of Senna, Calomel pills gr ij every hr. A short time after she died. I also directed at the same time with the Calomel a turpentine enema with mucilage — she complained of pain till the last. 22hrs P.M. on examination, the omentum was agglutinated to the intestines, the small intestines closely adhering to the anterior part covered with lymph, several oz of dark coloured pus in the cavity of the abdomen, also in the Cæcum: the large & small intestines filled with flatus: the liver adhered to the diaphragm, stomach contained some dark matter, some bloody serum was found in the cavity of the thorax, heart natural but small. There were also effusions into the substance of the lungs, similar to Peripneumonia Notha, & perhaps this was the immediate cause of death. In this case I remarked particularly the adhesions of the small intestines themselves, & here I was convinced of that being the cause of constipation by suspending the peristaltic motion. On reviewing this case P.M., I thought I could have amended my treatment by depleting to a greater extent, tho the fainting appeared to prevent it; but if I had another case I would do the bleeding myself; but another objection occurred, the pain in the chest that accompanied the catarrhal symptoms, sudden

lyceased & the difficulty of breathing continued giving notice that effusion & suppuration had then taken place. Before closing I will call your attention to another interesting view & will remark that we as medical men should not be biased by prejudice; thinking as we have been taught that effusion only takes place through a highly inflammatory action, & that adhesions will not take place without it. For in practice there are exceptions. The blood-vessels of serous membranes acquire a capability of throwing out lymph & thus producing adhesions. This I will exemplify in the case of Dr Whitehead when I treat of diseases of the heart, & in that of Mr Kouignacher when on Dyspepsia, by which he was much reduced & when in the last stage was taken with great pain, as was evident from his constant moaning. On dissection the intestines were in many places agglutinated by recent lymph, the liver was covered with a coat of the same. The pylorus was large & indurated, I think I never opened a body containing as little blood as this, not exceeding 3 or 5 lbs. Mr Ashbridge worn down with diabete had the same appearances. Dr Price says Bichat mentioned these peculiarities in his lectures. Gregory mentions a case occurring from debility. Hence we see the danger of bleeding before operating. - C. Baly. 11

Acute Diseases of the Stomach.

I will next take up the acute diseases of the stomach. It is familiar perhaps to you all that sudden & acute diseases of the stomach produce the most serious consequences. I have seen instant death thus produced by a blow, & also by a spasm. But it is of the effects of poison that I now wish to speak; arsenic is one of the most frequently used & by its corrosive effects it proves speedily fatal.

To illustrate this, I will state the case of Mr Litellian a young Frenchman a clerk who swallowed about ℥ij arsenic an hr before his death. I saw him, he resisted violently all attempts to force him to swallow. on P.M examination, although we had forced down some white of egg his stomach was found completely seared, & the powers of life suddenly destroyed. —— As medical we ought decidedly to oppose the practice of introducing poison into the house for the purpose of destroying vermin. Arsenic has pequently been mistaken for Magnesia as at Woodbury where 3 children were destroyed; & in this city in the case of the wife of J P Cope. It has also with fatal results been mistaken for Cream of Tartar —— But even in minute quantities it has produced serious effects. I was called to a family in this city, all those who had eaten of a particular dish, were seized with vomiting & distress of stomach but they recovered. They had been previously out of town, the house was infested with rats & they had placed some arsenic for them: incautiously some salt had been left in a dish, the rats running from the poison to the salt impregnated it & this salt was used for dressing the meat.
In place of Dr Griffith who was unwell, I attended a family who were similarly affected, in this case it was thought to have been occasioned by rats running in poison at some neighbours & afterwards getting into the flour-barrels. —— A few yrs ago a family after eating were taken with vomiting, some were very ill with great distress of stomach. Dr Neill was called, who wished my attendance when I arrived an apprentice who was least affected, & the only one that wanted breakfast the following morning, had the impression so strongly received that he died: the body was opened & although the stomach was red & inflamed, occasioned as we thought by

arsenic, the quantity was too minute to be detected by chemical tests. A servant girl although herself & child were sick with it, was suspected by her master; enquiry was made as to her character, & that not bearing the test strengthened the prejudice against her. She was called before a jury who were also somewhat prejudiced against her, when Dr Neal & myself made the deposition as to her illness our judgment was questioned. I thought of an expedient, in my visits to them I observed the remarkable manner in which their tongues were covered with a white fur. I had them all brought, their tongues were shown & if there was any difference she had the most: this satisfied the jury. Had we given way to the general prejudice, in all probability her life would have been sacrificed.

C. July. 11th. 1827. Wednesday

The effects of Laudanum generally occur among children, sometimes occasioned by the sediment that is produced by the alcohol evaporating & depositing the opium. I even met with two Practitioners so shamefully ignorant of this, that one would not believe it, till I showed him the contents of his own Laudanum bottle. Gtt 2 or 3 of this may destroy an infant, I consider this as a danger of so universal a nature, that I have at different times warned all the families I am in the habit of attending, not to keep much Laudanum in the house & always to examine & see that it is clear. I was called to an infant, countenance livid, breathing stertorous & pupils contracted: gtt ij only had been given, — when I enquired of the apothecary I found he sold it from the same bottle in which it had been prepared! — The child I was called to had a catarrhal affection its parents thought it ought to have some laudanum — they

found some that had been in the house a considerable time — thinking it grew weaker with age they shook it up & gave what they thought sufficient; the child died. Laudanum is frequently taken by suicides — when you recollect the sympathy between the stomach & the brain you will not be surprised at the apoplectic symptoms that ensue, — 1/2 hour after taking it the effects begin to appear if the dose be large stupor, stertorous breathing, slow, full & labouring pulse, livid countenance (this does not always attend apoplexy, but always that brought on by Laudanum, & it is so striking that from it I have discovered the cause), pupils morbidly contracted. — I was called in consultation to a young lady who was affected with coma, stertorous breathing & livid countenance, I immediately suspected Laudanum to be the cause. This I suggested to the Physician who thought it impossible. I told him to make some enquiry while I went out. I returned immediately with a syringe & tube. On searching the room they found a bottle with some laudanum remaining in it: the apothecaries name being on it, they sent & learned that she had bought ℥ij the evening before. She died. ——— Formerly emetics were given largely but they are not to be relied on. In a case I attended with Dr Lawes, the quantity of Ipecac: Tart: ant: & Sulph Zinc we administered exceeded belief: they did not produce vomiting so torpid was the stomach. Titillations were used to the fauces, some blood was drawn, & a tobacco cataplasm was applied to the abdomen. These jointly produced the effect, the next so violent were the remedies, that inflammation & a complete attack of croup was brought on. Recovered. The most effectual plan is to wash out the stomach by means of a syringe & elastic tube — but sometimes after you succeed in [illegible]ac-

uating the stomach the patient will die as if some peculiar disease was produced. To illustrate I will state one or two cases — Some turbid Laudanum had been given to a child, it was considerably affected although it had been accustomed to the use of Laudanum when in pain. I evacuated the stomach & procured a passage through the bowels but still the stupor remained — supposing some L was left, I gave an emetic, which quickly operated, but the child grew worse & soon died. — Another that had a catarrhal affection, the stomach was evacuated, considerable dyspnea remained — I thought it arose from effusion in the lungs, it soon died. Another case was nearly similar. Thus after a certain point of disorganization has been attained, all means will fail; the cause may be removed but the effect remains. Nov. 14th 1818. I was called to the daughter of respectable parents about 4 miles from Camden, she had taken ℥ij Laudanum. Dr Henry was sent for, he tried to excite vomiting gave the lemon acid & tobacco enema, it was immediately ejected he also bled her twice & he thought with advantage; about this time I arrived, pulse slow countenance livid, considerable action observable in the carotids, somewhat sensible, countenance ghastly, pupils contracted, shoulders rose in breathing, pulse strong full & rather frequent. I introduced the tube, was had out the contents of the stomach with warm water, & continued washing for an hr chamomile tea &c: she improved very much under it, her intellect becoming quite clear, conversation rational: thinking the Laudanum had penetrated to the intestines, I threw some castor oil through the tube, & gave a cathartic enema. I proposed a mustard plaster to the stomach to prevent the depression which I expected would follow, & wished the Dr to watch her narrowly & if necessary to employ stimulants. he stepped into an adjoining room

to take some tea (being much fatigued): in ½ hr she was very dy, much worse, pulse irritable & barely perceptible, had subsultus tendinum — She died a very short time after I left the house. at 1 P.M. she took the Laudanum at 7 I saw her & at 11 returned to the city. Here the mischief appeared to have been done before the Laudanum left the stomach; were it to be done again, I would resort to stimulants sooner than I did in this case, to restore animation to the parts, as Brandy toddy, ginger tea, hot: Alkalie, & would be very cautious as to bleeding.

The <u>treatment</u> after Laudanum has been taken is first to withdraw, for that purpose make use of a syringe & tube, pour the contents into a white vessel & continue rinsing till the water comes away limpid. — The cause of the many failures of restoring persons after Laudanum has been taken is that we have not been aware of the necessity of supplying in place of the Laudanum, some powerful stimulant: for in proportion to the excitement will be the consequent debility. To illustrate the necessity of this, I will state a case attended by Dr Wood & myself. 4 to 1 Nov 1818, at 10 Oc at night I was summoned to attend the wife of a merchant of this city who had taken about ℥ij Laudanum. On my arrival I found the family in the greatest confusion & distress. The effects had just begun to appear countenance suffused, temporal arteries turgid; pulse slow, full & strong: not affected with Coma but there was a constant desire to sleep, & when asleep breathing was laborious. I called Dr Wood & we immediately began to wash out the stomach — at first she resisted, but an appeal to her feelings as a mother had the desired effect, & she submitted to our exertions — a long elastic tube was introduced thro' the nose, & warm water was injected & again drawn off till it came away colourless — but the countenance was still

suffused, & the pulse strong fearful of apoplexy, we took ℥xvi blood. cold water was thrown into her face with good effect — the greatest attention was paid to the stomach, fully aware of the liability to sink — Sinapisms were applied to the stomach & legs — strong Ginger & Spt Ammonia were given ℥ß & ℥ß Ginger tea in ½ hr; her ancles being cold, hot irons were applied to them & they were rubbed with stimulants. She became perfectly sensible & grateful for our endeavours — we gave warm brandy & water several times, also tapioca with Brandy — the next day a reaction took place but several days elapsed before she fully recovered. Dr Witter told me that a fellow student of his at Edinburg took several ℥ of Laudanum as an experiment — he continued in action walking about to see his friend till the first effects passed off: in the evening he went to the theatre with some acquaintances — suddenly he fainted they knowing the circumstance held a consultation — some proposed giving him Laudanum as his present debility was owing to its departing effects. Some ran to Dr Cullen: he asked them "why they would give an antispasmodic combined with a narcotic when they have so many good antispasmodics without it"? He prescribed a large dose of Musk, it was poured down his throat & he recovered. — In this place I would remark that many have been apprehensive of apoplexy — but I think it is essentially different, therefore be cautious how you take blood largely unless there be very urgent symptoms of compressed brain. The instance of the lady above is to the point. Blood here was taken largely & I think with disadvantage, producing together with the evacuation of the Laudanum, the most alarming debility. There is a case recorded in the N York medical Repository of a patient narrowly escaping death, after the primary effects

of Laudanum had gone off, & the debility was apparent — the physician without evacuating the stomach immediately ordered stimulants & restored him. But in ordinary cases it is better first to evacuate the stomach: — cases have occurred of the affections & terminations being similar to apoplexy. I was once called to a man who drank at one time a pint of Brandy, being before somewhat intoxicated — when I arrived he was dead. I saw a child nearly dead with an over dose of ardent spts, but on simply washing out the stomach it recovered. — a gentleman who habitually took Laudanum at bed-time; after having drunk spt liquors, at a frolic, being moderately intoxicated took his usual dose & went to bed, next morning he was found dead — face perfectly black: I have no doubt but he died with apoplexy. Dr Brown was an example of the same kind. Dr Barton who at that time was attending his lectures told me the Dr after one of his lectures, complained of uneasy feelings with much head-ache. Dr Barton told him it would be a fair case to illustrate his principles of such affections being cured by stimulants. He assented, went home, took Brandy & Laudanum one dose after another till he died. So much for impressions made by stimulants. Del June 26. C. July 13th 1827.

Rheumatism of the Intestines.

I will now take up other affections of the alimentary canal & will begin with rheumatism affecting the intestines — the same observations will apply both to this & gout. If called to a patient accustomed to attacks of Gout or Rheumatism, complaining of much pain in the intestines, especially if the pain has been removed from some muscular part by friction or applications. I consider it to be Gout or Rheum. If the pulse be strong, (but if not it makes a material difference) if the pain flit about & there is much excitement, the first indication is to abstract blood, also to evacuate

the canal by cathartics, that the contents may not increase the irritation; but if the pain be extreme & you cannot wait for the action of a cathartic it will be necessary to combine with an antispasmodic, as a combination of Cal. & Opium. Recourse may be had to other auxiliaries as several of the antispasmodics, of these Asafoetida especially if used as an enema is very useful. The indications sometimes do not stop here, it is necessary to have recourse to counter-irritant, (especially if it be metastasis) such as Sinapisms to feet & ankles. Dr Barton was very subject to attacks of the gout — he applied tenuously sinapisms to the feet when the pain was there, but when it had shifted to another place, he would then always have them applied: At one time his brother was at his house on a visit & was attacked severely with gout in the feet, & in spite of the Drs objections he applied sinapisms to the part: in the night the Dr was called to him: the pain had shifted & attacked a vital part — the pulmonary organs were so affected, he could scarcely breathe & it was with difficulty he relieved him from the greatest danger. If the surface be cold restore warmth by fomentations & warm bath, & also as a counter-irritant apply blisters over the diseased part — This comprehends the general treatment in retrocedent gout & Rheumatism. — James Glentworth (in Spring of 1816) subject to attacks of irregular gout was taken with violent pains in the abdomen about the Sigmoid flexure of the Colon, with frequent eructations which often attend cases of this kind, pulse strong & tense, his pain occurred in paroxysms. I bled him several times, he bore the loss of blood well, each time feeling some relief — to evacuate the ℞ canal, large doses of Ol Ricini were given accompanied with Laudanum & an Asafoetida enema: sinapisms were applied, gtt x Ol Succini were given every 4 hours

the recovered. About 2 yrs after he had another attack, which seized his stomach — Sinapisms were applied to the feet ginger-tea & opiates were given, & ol. Ricini being taken with chillings, vol alkali & mustard whey, & tonics completed the cure. This is an instance of different treatment required by the same person in attacks of the same complaint but when different parts are involved, the first requiring depletion, 2nd tonics & stimulants. — Joshua Cleffor in 1816 was taken wh pain in the abdomen, bowels obstinately costive, & pulse active, I was called in consultation with Dr Parke. The warm bath had been used, he had been bled, & attempts had been made to evacuate his bowels. I proposed we should use the lancet once more, & a 2nd application of the Tobacco enema (at that time I was not aware of the danger of injections of this sort), but combined with bleeding it was of great advantage in relieving pain — his system being very irritable, Ether combined with musk was used, & in addition an Asafoetida enema. Recovered. This was an attack of Rheumatism translated to the bowels. In the commencement of this subject I stated the necessity of resorting to the lancet freely but to this there are exceptions. In some patients the system will not react readily, & in others there is a great tendency to sink. If a patient is seized suddenly with pain in the bowels, frequent & irritable pulse & the skin is cool, the lancet must not be used, how great soever the pain (as it arises from spasm). The practice of confounding all pain with inflammation, as I have before stated when treating of Cholera is a dangerous one. Retrocedent gout or Rheumatism sometimes resembles Pneumonia, but requires the same treatment as Pleurisy.

C. July. 14th. 1827.

Del. July. 3rd. 1827.

Colica Pictonum.

Is a spasm affecting the alimentary canal – it may happen that the pain may be seated in the abdomen, but the physician may be led astray by its affecting sympathetically different parts as the head. It is a disease caused by inhaling the fumes of lead, hence Plumbers & Painters are frequently attacked with it. It is a painful, but not generally a dangerous complaint, provided proper treatment be resorted to. Those taken with it are affected with, severe pain & sensation of twisting in the bowels, a slow bounding pulse, not so much excitement as in Enteritis, though continuing longer, & an obstinate constipation which if not remedied may prove fatal. In certain districts of England it was very prevalent, owing to the Lead factories, till a prophylactic was discovered, which consisted in taking a wine-glassful of Ol: Olivae daily.

Eden Haddock a respectable plumber of this city told me that always after being engaged in soldering, he was affected with a tremor for several days similar to that produced by intemperance, he possessed a strong hereditary disposition to gout. In 1810 I attended him in his third serious attack of Colic: there was much eructation of wind, pain in the knees, that twisting sensation in the bowels, pulse slow but strong: V.S. fomentations, cathartics were tried but they did no good: an anodyne enema was used it gave some relief but not permanent: in consultation with Dr Parke we agreed to make use of the only remedy to be depended on, Calomel: it had been used successfully in a former attack but it affected his tongue instead of his mouth so powerfully, causing it to swell that he said no consideration would induce him to use it again – accordingly we had great difficulty in persuading him to submit: it being a disease not speedily fatal, various

remedies were ineffectually tried: but he gave up the point & we administered the Calomel ʒj at night, & gr x in the day; as soon as the Mercury touched his it relieved the twisting sensation, the spasms were instantly relieved but it required several days for the contents of the bowels to be evacuated. Columbo & Chamomile were also used as Tonics. — In one I succeeded with purges of Jalap & Cream of Tartar this person was affected by drinking soda water on which the dust of lead had formed a pellicle. — but the result of my experience is that mercury sufficient to produce a moderate ptyalism is alone to be depended upon. The warm bath, blisters & injections may be used at the same time. I gave Cal grviij, with opium grij at night & an anodyne injection in the day.

Spasms of the Intestines of Children.

Come on with an Epileptic fit differing from the common Epilep: fits, it may occur several times a day but its effects are transient the child immediately recovering its vision & not being affected with stupor: in attacks of this kind the alimentary canal is the primary seat of the disorder, there may also be some pain there, the brain at first is affected sympathetically, afterwards in reality & the child dies. Death may also occur near the beginning but this is rare. 1812 I was called to a child of Mr Jenks a few months old — from the symptoms I concluded they were from spasm occasioned by flatus in the bowels — it was taken with fits that would pass off in a short time & leave it perfectly sensible & without stupor. I ordered the bowels to be opened, fennel seed tea, assafoetida & carminative drinks. I derived great advantage from bleeding, the warm bath & opiates in small doses. Recovered. I have known several case of colic in infants cured by ordering the mother to abstain from all flatulent vegetables.

Sometime after a 2nd child was taken similarly & died, & afterwards I was consulted for a 3rd child, by this time judging it was occasioned by the milk of the mother, I advised them to get a wet nurse & thus preserved the child from further inconvenience. — I was requested to see Dickinson Logan about 9 mo old, who had been taken with convulsions. I lanced its gums, directed its bowels to be freely opened & gave some fetid asafoetida: the convulsions continued, pulse tense & skin cool, to break the spasm I bled him — another fit came on immediately, we then put him in the warm bath — this stopped the fit in less than 2 minutes: more asafoetida was given in Enemata & gtt i ℞ Opii every 2 hrs. A spired plaster was applied to the abdomen — he discharged some flatus & rested well till towards morning when another fit came on. Dr Hanlan was there & put him in a warm bath & gtj Laudanum, pro Sft Cornu Cervi: & a little magnesia to counteract the acidity: but again they came on. I supposed it to be chiefly occasioned by acidity & spasms: I ordered ℥j of infusion of root & hickory ashes the abdomen to be rubbed with sweet, brandy & laudanum, & the spine with oil of amber & sweet oil & instead of the wet gave him barley gruel & carminative drinks. This seemed to produce a change — his face became flushed & from appearances I thought the disease had changed — pain had left the bowels, thirst became great, skin hot & irritable — I gave him some cool water, it made him comfortable & the cool air relieved him. Again I lanced his gums & ordered ol Ricini to clear his bowels but before it could be taken he fell into a refreshing sleep — at noon he again became irritable but cool water calmed him: after this I allowed him to take the breast, he became fretful & appeared to grow worse — to relieve him various stimulants were given

About this time he was attacked with catarrh, his breathing laborious I bled him & ordered an emetic of Ipecac: he took gr xx which did not produce full vomiting, but it relieved his breathing: the next day Cal grij every 4 hrs was ordered till it should operate, being restless he was put in warm bath 10 minutes which relieved him: Spts Nit D, ant wine & were given as occasion required. Recovered. Here the disease changed – in the first place the bowels were affected, the passages were cleared by castor oil – to allay irritation opiates & wine were used & alk to correct acidity. (Bel July 6th) 1824 Æ. 16. Monday.

In 1821 I attended a child of C Clark, he was suddenly attacked with epilepsy – it came on at stated times about daybreak I attended to the diet of the mother & gave castor oil & the alkaline solution to the infant with fennel tea, applied the spiced plaster & used the warm bath: these relieved but it was only temporary: as the fits came on regularly, I endeavoured to arrest them by opiates but they did not succeed: the stools often appeared natural. I tried the oil of amber & opiates but with no permanent advantage the wind was drawn off the bowels by means of a syringe with some benefit, leeches were applied to the head & blisters behind the ears in vain: towards the last he appeared to have spasms I ordered the musk Julep, chicken tea & to separate from the breast of its mother, but it died. On dissection the stomach liver & heart were natural. The omentum was collected in a bunch & lay across the arch of the colon – the intestines had the appearance of a universal spasm – in some places contracted as if a string were tied around them, in others the contractions were several inches in length & particularly the colon. I would now propose the application of blisters over the abdomen, & the lancet or free leeching over

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the abdomen; to produce relaxation & relaxation of the spasm I would give antispasmodics (not that I suppose there is inflammation). In a case I saw since with Dr Wood we succeeded in effecting a cure by means of bleeding, musk julep, & blisters over the abdomen. In this disease the symptoms are generally transient convulsions, no coma, bowels painful & an acidity of stomach. The indications are to relax the spasm by bleeding or leeches & the warm bath, to evacuate the bowels by calomel & oil, allay irritation by opiates, & the antispasmodics such as Asafoetida, ol Succini & musk, to extract the flatus with a dry syringe & to correct the acidity with alkalies.

Winter of 1822, called to a child of Wm Robinson, it had an attack of croup - the medicines tending to allay irritation of the trachea as Senega antimonials bleeding & calomel were resorted to - by these the attack was subdued, when it was seized with convulsions: on attentively observing it, I observed evacuations from the bowels; judging from this that the disease was changed & that its seat was there, I directly changed the treatment: made use of antispasmodics & bread & milk poultices with Ol: Succini to the spine & anodyne injections, & friction with the following preparation. Recovered. — Sometime after I was called to a child of Dr Ferguson in Market St, with similar symptoms following inflammation of the chest. Recovered. Adults tho' not so subject to spasm in the bowels are nevertheless not entirely free. James Clemson aged 40 years was subject to attacks of Bilious Colic - he was taken in the usual manner (but he could not vomit bile, the secretion of urine was suspended 80 hrs but returned) nothing relieved him, he shortly died. On dissection I found the intestines in a state of contraction, but the Pancreas

was particularly diseased, one part enlarged & indurated, the gall bladder much distended & the ductus communis choledochus nearly obliterated. I concluded that the supply of bile was occasionally cut off, & colic pains ensued till by the exertion of vomiting a communication was reopened. The intestines not recieving their usual supply of bile were in a state of debility, favorable to the production of spasm. — There is yet another form in which the obstinate constipation & pain are owing to the bowels being distended with flatus forming a tympanitic abdomen, thus depriving the intestines of their Peristaltic motion & unless relieved terminating in death. It was this gave me the idea of exhausting the flatus by means of a syringe attached to a flexible tube introduced beyond the arch of the colon by first distending the rectum with fluid. — I was called in consultation with Dr Clarke to a patient in 6th st. I advised the flatus to be exhausted by this means, it was with difficulty the syringe not being good, but he was relieved. Even the introduction of the common glyster pipe may do some good.

Del. July. 10th 1827. Tuesday. — " — C. 18.

Colic.

is a constipation of the bowels attended with spasm pain: but the kind of which I am now about to speak is often confounded with diarrhoea; mucous discharges passing between the impacted faeces & the sides of the intestine. Dr Fothergill of London was sent for by a gentleman a few miles from that city, who was thought by himself & the attending physician to be labouring under a diarrhoea. On enquiry the Dr found he had frequent liquid stools but attended with no relief, also pain in the Rectum & bladder: on examination a quantity of impacted faeces were found in the rectum

which being broken down mechanically with a spoon handle & discharged, complete relief was obtained. — A lady had been affected with an obscure disease for 3 months, sometimes supposed to be an affection of the uterus, at others of the bladder: until a man of more discernment was called, when it was discovered that there was a mass of impacted faeces near the sigmoid flexure of the colon, which being discharged all her former symptoms vanished. — Sometime ago I was called to a respectable female Sarah Jefferson who six weeks after parturition was attacked as she thought with an obstinate diarrhoea she told me she laboured under a putrid bag — had used Port wine & astringents but was unable to stop it: supposing it to be owing to impacted faeces I proposed to change the plan & use purgatives. She agreed & Ol: Ricini was used frequently till it operated — it brought off large quantities of hard black foetid matter with complete relief.

In one case that resembled diarrhoea bleeding & blistering the abdomen were necessary — by these & Castor oil a large quantity of impacted faeces was evacuated. It was the daughter of Mr Cunnan this case was attended with much pain & I thought evident Peritoneal Inflam. — Aged persons often require mechanical aid. One fact as to constipation I would mention, the bowels have the power of discharging one part of the faeces & retaining another — The same may take place with infants. I was called to a child of M: Dubary; it had obstinate constipation: the nurse told me she could not give it an injection, it was immediately attended thinking there must be some obstruction, an examination was made & a quantity of chalky matter removed with relief: afterwards it had a second attack & was relieved, on inquiring as to its diet I was told it lived almost entirely on milk, it was

forbidden as I considered it astringent & the child had no return — I was called to a son of E Twells, when the same symptoms occurred & the same treatment was used with success. — The concretions are sometimes confined to the Colon Rectum, at others they are found in the colon when in its cells they are particularly dangerous. — Shortly after I graduated, a lunatic at the alms-house was taken ill suddenly, & died before morning, on P.M examination, the cause of his death was evident the whole Colon & Rectum was filled with one mass of faces. — From what has been said you will perceive the importance of distinguishing between Diarrhoea & constipation of this kind. In D there is some pain, the discharges are frequent, & attended with some relief — but in constipation the liquid evacuations are not attended with relief. If the impacted stools are high up we must depend upon injections & purgatives, for this purpose I have used Jalap gr x, Cremor Tartar gr xx — or a strong infusion of senna. If they be situated low down, they may be brought away by mechanical means, using the warm bath at the same time.

Constipation may arise from Peritoneal Inflam. translated Gout rheumatism & spasms as Colica Pictonum &c — as general remedies, the warm bath, steam, fomentations, blisters over the abdomen. — While speaking of affections of the intestines I will observe that mania of a peculiar kind is sometimes caused by spasms. I attended a child of J Gibbons, whose dysenteric symptoms appeared to be relieved by medicines, when it became delirious & gradually grew worse, until it became quite maniacal snapping at & endeavouring to bite the attendents. Supposing the cerebellum affected, one chief attention was directed to the head, but in vain, it Died

On examination the brain was perfectly natural but the small intestines appeared to have been affected with violent spasms, in many places their diameter was contracted to the size of a quill, in others they had the appearance of having a string tied tightly around them. The brain was here affected by sympathy with the spasms of the bowels, & the disposition to bite reminded me of a pup I had when a boy, which being trodden upon by a horse in the street, I ran to it & while lifting it received a severe snap, this I attribute to the same cause — Dr Twisten told me he attended a girl aged 8 years, who for 3 weeks was a perfect maniac, when after a copious discharge of Ascarides she recovered. When Ascarides are in the bowels they produce an intolerable itching & irritation. Spasm of the bowels is sometimes produced by the introduction of improper food into the stomach. 1821, a child of a C white aged 16 mo, was attacked in the night with a sick stomach & hot skin & vomited some indigested orange peel — the parents recollected having seen it the evening before pick up the skin of an orange & eat it. Dr Enlen was sent for he found it with a suffused face, pulse too feeble to be perceived: he lanced the gums gave an injection, applied sinapisms & ordered the warm bath & a dose of castor oil: at this time I was called, its countenance livid & no pulse. Supposing the bowels to be the seat of the disease we ordered a spiced plaster & gave some laudanum, but it died in a short time: On opening the intestines they contained some indigested orange peel with a few worms — that state of system seemed to be caused by some narcotic power of the peel.

Del. Friday July 13. 1827. C. 18th

Dyspepsia.

Dyspepsia may be thus defined: the stomach becomes incapable of digesting the food & in consequence deranges the whole system by the powerful sympathy existing between it & other parts. I will commence by giving some of the causes. — The most powerful as well as the most common & to which I wish particularly to call your attention is mental anxiety: especially of a painful nature also close confinement to study, hence hard students & professional men are subject to it. Physicians although forced to use much exercise yet being liable to much anxiety are frequently its victims. —— A respectable merchant of this city complained to me of pain in his breast, & wished to know if B.S would not be proper: but a little enquiry convinced me of his real disease brought on by anxiety in business. — I would particularly charge you to remember the influence of the mind in this disease, otherwise drugs will be given in vain. You will have occasion to preserve the most inviolable secresy in this complaint. You will find interesting females wasting away, a canker preying upon their spirits, which if not discovered & remedied will terminate fatally. I was called to a young female with a pallid countenance labouring under dyspepsia. I was soon led to suspect something of this nature & so it proved — she had been addressed by a respectable young man to whom she was much attached, when for some reason the marriage was forbidden by her parents. I gave my views, she was married & recovered. This may convince you of the necessity of looking farther than merely to the body. —— Gout & rheumatism translated from other parts may dyspepsia

with all its symptoms by seizing upon the stomach. I was seized with it in this way after an attack of lumbago. Intemperance in eating & drinking also gives rise to this disease; sitting down at a public table I have seen many eat of every dish & dessert on the table. — Bad teeth & foul mouths are also sometimes causes of dyspepsia, this is not wonderful considering the quantity of foul matter continually taken into the stomach. — Indulgence in ardent spirits produces the most fatal form of this disease — . Dyspepsia commences with lowness of spirits, the patient complains of vertigo & sometimes of pain in the head & a sense of weight at the stomach, occasionally the uneasiness is deceptive, appearing to be in other situations, as in the merchant in the chest. But Physicians will soon discover its true situation — the patient will have uneasy sensations after eating, acid eructations, the bowels distended with flatus, their discharges dark & small in quantity, though sometimes the colour is natural proving the liver to be free from disease. In some cases, Hepatic disease is the cause of dyspepsia, — The tongue is more or less coated in both the recent & chronic form: yet in some most dangerous cases the tongue is smooth & glossy. Another symptom the invariable attendant is the inaction of the cutaneous vessels, cool skin & cold feet — this is an important indication. As the disease advances there is greater distress after eating & peculiar sense of weight about the Epigastrium with acid eructations: this may be relieved for the time by vomiting, the matter vomited is sometimes so acid as to set the teeth on edge. In some patient the uneasiness at the stomach will bassel-

ieved by eating strange as it may appear, while in others it is relieved by vomiting.

Mr Gherardo..

Gherardo..

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Acid. Nitric āā ʒj
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aqua — ℥vj

℥ss 3 times a day —

Prolidentia Uteri —
astringent inject — pepsin —
Scirrhous Uterus.
uterine haemorrhage & abortion

William W. Gerhard.-

Philadelphia.-